

ANNUAL REPORT



*California Children
& Families Commission*



FISCAL YEAR
2001/02

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INTRODUCTION

In California, too many of our young children are exposed to an array of risk factors that compromise healthy physical, emotional, and cognitive development. Research tells us that the course of this early development has profound long-term effects on the children's ability to be ready and able to learn successfully (school readiness) and achieve their greatest potential in life.

The 2000 U.S. census data show that more than 27 percent of California children ages 0-5 live in poverty, 25 percent live in single-parent homes, and more than 25 percent are born to mothers with less than a 12th-grade education. Additionally, 1.9 million children lack health insurance (2000), more than 660,000 were reported as abused or neglected (2000), and approximately 60,000 under the age of five have disabilities (2001). Forty percent of our children are born into homes where English is not the primary language, and 68 percent are from diverse ethnic backgrounds. Tragically, severe disparities in school achievement and inequities in support services and resources exist among our children from diverse populations, children living in poverty, and children whose primary language is not English.

Because of the high stakes for our children, the California Children and Families Commission (CCFC) and each of the 58 County Commissions are committed to increasing school readiness for all California children by addressing their complex developmental and learning needs through the continuation of existing initiatives, with the implementation of new initiatives during the 2001/02 fiscal year, and with the long-term commitment to continue to support California's youngest citizens. With this commitment to improving children's school readiness, CCFC has adopted "*First 5 California*" as our new name to express our overarching school readiness identity. The name conveys the importance of the first five years and is meant to help the public understand the overall purpose of the California Children and Families Commission. The new *First 5 California* name and logo will help ensure that the combined school readiness efforts of First 5 California and the County Commissions will be easily identified.

The centerpiece of First 5 California's work is the \$400-million School Readiness Initiative. The most far-reaching initiative realized to date, the School Readiness Initiative, in partnership with County Commissions, is a comprehensive system of services for young children and their families that target communities around California's lowest-performing schools. The focus is not solely on cognitive development, but recognizes that a child's educational success depends on good physical and mental health, social skills, safety and comfort with trusted adults and other children, and skill in using language to express thoughts and feelings.

The State and County First 5 California Commissions, through partnering with families, early care and health providers, and other early learning advocates, have undertaken an ambitious agenda. In addition to the rollout of the School Readiness Initiative, the First 5 California Commissions are providing outreach and education programs for new parents, new professional development and retention strategies for early childhood educators, statewide media campaigns, universal access to preschool, and new health initiatives. Taken as a whole, these initiatives create a comprehensive continuum of support for young children and their families, beginning before birth and continuing until the children enter school.

This Annual Report for 2001/02 provides a comprehensive overview, at the state and county levels, of First 5 California's continuing initiatives and of new initiatives approved during the 2001/02 fiscal year. This document outlines First 5 California's progress toward achieving its established goals and results, at both the state and county levels, with the overall vision that all of California's young children reach age five physically and emotionally healthy, learning, and ready to achieve their greatest potential in school.

Chapter 1 focuses on the history and organization of First 5 California; First 5 California's vision, guiding principles, and strategic plan goals; and the organization and adopted guidelines for County Commissions' strategic plans and "results to be achieved." Chapter 1 also summarizes First 5 California program investments and statewide evaluation and research activities. In addition, future plans and initiatives have been identified to emphasize First 5 California's long-term commitment to achieving its identified goals.

Chapter 2 presents First 5 California's 2001/02 financial summary and state audit information.

Chapter 3 presents a synthesis of the data from the annual reports submitted to First 5 California by each County Commission. Within the framework of school readiness and First 5 California's goals, this chapter includes the analysis and discussion of county aggregated data focusing on: trends in the targeting of the four "results" that directly support the attainment of the First 5 California school readiness goals, identification of program-specific results, types of strategies, and fiscal investments.

Chapter 4 contains individual county profiles, derived from the counties' annual reports submitted to First 5 California. The profiles summarize the demographic, fiscal, and program activities at the local level, including innovative and promising practices.

1. STATE COMMISSION

HISTORY

The California Children and Families First Act of 1998 (the Act) created the California Children and Families Commission. The Commission is the leadership agency and statewide coordinator of the Act. In this leadership role, the First 5 California Commission has had the opportunity to make significant impact on the lives of California's young children by developing a long-term public policy framework around school readiness, setting strategic goals, and integrating early childhood services into existing education, health, and social service systems. As the lead agency, the Commission administers 20 percent of revenues from the Proposition 10 tobacco tax, which support its leadership responsibilities but also support additional activities that include technical assistance to County Commissions, research and evaluation, public media campaigns, infrastructure development, and statewide initiatives.

The Act requires that the Commission form advisory committees to provide expertise and support. The Commission established an Advisory Committee on Diversity, to help ensure that all programs meet the needs of California's ethnically, linguistically, and culturally diverse population, including children with disabilities and other special needs. In addition a Statewide Evaluation Oversight Committee (SEOC) was established to provide support and input into the statewide evaluation activities.

Eighty percent of funds go directly to the County Commissions. While the Act emphasizes local decision-making, it also requires the State Commission to adopt guidelines and "define the results to be achieved" that provide a basis for defining, gathering, and analyzing data elements that can be used in assessing the overall impact and movement toward achieving First 5 California's goals. Consistent with the overarching framework of school readiness goals, guidelines, and the "results to be achieved" identified by First 5 California and with maximum flexibility in tailoring funding and programs to local needs, each County Commission has developed a strategic plan that guide its actions.

The Act also requires that each First 5 County Children and Families Commission submit a fiscal audit and an annual report to First 5 California by October 1 of each year. It further requires First 5 California to perform an annual audit and submit an

annual report, and a review and summary of the County Commission audits and annual reports, to the Governor and the Legislature by January 31 of each year. The audits and annual reports discussed within this First 5 California annual report represent activities for the preceding state fiscal year (July 1, 2001, through June 30, 2002).

FIRST 5 CALIFORNIA COMMISSION

The First 5 California Commission consists of seven voting members; three are appointed by the Governor, two by the Speaker of the Assembly, and two by the Senate Rules Committee. In addition, the Secretary of Child Development and Education and the Secretary of the Health and Human Services Agency serve as *ex officio* members of the Commission.

Jane I. Henderson, Ph.D., is the First 5 California Executive Director, and Joseph Munso is the Chief Deputy Director. Currently, the Commission employs 36 permanent and full-time staff members.

Commission Member	Appointing Power
Rob Reiner, Chair	Governor
S. Kimberly Belshé, Vice Chair	Governor
Vacancy	Governor
Sandra Gutierrez	Speaker of the Assembly
Karen Hill-Scott, Ed.D.	Speaker of the Assembly
Louis Vismara, M.D.	Senate Rules Committee
Elizabeth Rice Grossman	Senate Rules Committee
Theresa Garcia, Designee	<i>Ex Officio</i> – Secretary of Child Development and Education
Genie Chough, Designee	<i>Ex Officio</i> – Secretary of Health and Human Services Agency

COUNTY COMMISSIONERS

Each county Board of Supervisors appoints a five-to nine-member County Commission, to include a member of the Board of Supervisors and two members from among the County Health Officer and those who manage county functions (e.g., behavioral health services, social services, or tobacco prevention and treatment services). The remaining members can be drawn from county functions or organizations that work in the early childhood development arena (e.g., childcare resource or referral agencies, community-based organizations, school districts, and medical, pediatric, or obstetric associations).

FUNDING

Funds from the Proposition 10 tobacco tax have been deposited in the California Children and Families Trust Fund. During fiscal year 2001/02, approximately \$630 million was collected from the tax.

The Act requires that the Commission provide for the reimbursement of losses in Proposition 99 tobacco tax revenues to the Proposition 99 Tobacco Health Education and Research Programs and the Proposition 99 Breast Cancer Fund, if the losses are directly attributable to reduced tobacco product consumption caused by the new surcharges imposed by Proposition 10. Comprehensive tobacco consumption models developed by the State Board of Equalization determine the projected consumption levels that would have been seen in the absence of the surtax created by Proposition 10 and those that are actually being seen with Proposition 10 in place. The Board of Equalization uses these two sets of data to determine the loss in tax revenues for Proposition 99.

After the proper transfer of funds to the Proposition 99 accounts, the remainder of the California Children and Families Trust Fund is allocated as follows:

- £ **80 percent** to the 58 County Children and Families Commissions for the provision of early childhood development programs and anti-tobacco education. Each county receives funding based on the number of live births in the county, as measured by the residence of the mother, compared with the statewide figure.
- £ **20 percent** to the First 5 California Children and Families Commission in the following categories:
 - › 6 percent for mass media communications

- › 5 percent for education of parents and professionals
- › 3 percent for education, training materials, and guidelines for childcare providers
- › 3 percent for research and development
- › 1 percent for administrative services
- › 2 percent for any other First 5 California activities, except the payment of administrative expense.

VISION, CORE VALUES, AND GUIDING PRINCIPLES

First 5 California Vision Statement

“Through the implementation of innovative, sustainable programs and the advancement of the understanding of the importance of early care and learning among all Californians, all young children in the State of California will reach age five physically & emotionally healthy, learning and ready to achieve their greatest potential in school.”

First 5 California Core Values Statement

“Demonstrate, in our daily activities, that we are committed to serving all the youngest children of California, inclusive of those from diverse backgrounds and abilities, by providing accessible, family-friendly, culturally competent, quality childhood services and programs designed to help them achieve School Readiness.”

Summary of First 5 California Principles

To guide its work, First 5 California developed the following Guiding Principles. These principles are intended to be overarching statements that guide all Commission activities and responsibilities.

- I. Support families as children's primary caregivers and first teachers.
- II. Ensure that families from all of California's culturally, linguistically, and geographically diverse populations, including those with disabilities and special needs, can connect to a system of services that is easy to access, use and understand.
- III. Promote policy enhancements and system changes that will support the healthy development and school readiness of all California children.
- IV. Incorporate the highest quality standards for programs; utilize research to support promising and best practices.

- V. Focus on results, using results-based assessments and evaluations of local and state programs and strategies.
- VI. Promote collaboration and partnerships, particularly with the County Commissions, across all family support systems to enhance families' ability to access those systems from any one point for all needed services.

EQUITY PRINCIPLES

Recognizing significant gaps and disparities in the provision of services for children and their families and in educational, health, and other outcomes, First 5 California adopted a resolution in 1999, demonstrating its commitment and leadership in taking proactive steps to ensure that California children and their families from diverse populations, including children with disabilities and other special needs, are an integral part of the planning and implementation of Proposition 10. In 2000, First 5 California established the Advisory Committee on Diversity to serve as its policy advisors on issues related to diversity and equity. This Advisory Committee developed the Equity Principles, to be used as a guideline to ensure that the programs and services established and supported by Proposition 10 funds are both culturally and linguistically competent and inclusive in serving children with disabilities and other special needs. The Equity Principles address four important areas: (1) Inclusive Governance and Participation, (2) Access to Services, (3) Legislative and Regulatory Mandates, and (4) Results-based Accountability. The Advisory Committee approved the Equity Principles on June 29, 2001, and the Commission formally adopted the Principles on October 18, 2001, as a component of the Guidelines for the County Commissions and for First 5 California activities, decisions, and program designs. (See Appendix C.)

FIRST 5 CALIFORNIA STRATEGIC PLAN AND GOALS

The First 5 California Strategic Plan is the Commission's guide to the achievement of school readiness for all of California's children. In the plan, and within the school readiness framework, the Commission has identified three strategic goals that focus on the key components of school readiness and an additional goal that targets the impact of tobacco on California's children. These four goals, listed below, provide the structure for current initiatives and future initiatives that are moving First 5 California closer to realizing its vision of "*...all young children in the State of California will reach age five physically & emotionally healthy, learning and ready to achieve their greatest potential in school.*"

- £ **Early Childhood Learning and Education.** Increase the quality of and access to early learning and education for young children ages 0-5.
- £ **Early Health.** Increase the availability of and access to early and periodic assessments of children's health and development. Promote the early identification of health and developmental issues and promote appropriate preventive and intervention care.
- £ **Parent and Community Education.** Provide information and tools to parents, families, and communities on the importance of early learning experiences for children 0-5 and their families.
- £ **Tobacco Cessation.** Contribute to the decrease in the use of tobacco products by pregnant women, parents, and caregivers of young children.

Using these four goal areas, First 5 California has strategically invested funds to help move closer to ensuring that children are ready to enter school healthy, ready to learn, and able to reach their full potential. First 5 California initiatives and projects addressing each of these goals are discussed in the next four sections.

The First 5 California Commission also undertakes revenue support activities to counties, such as technical assistance, augmenting allocations, matching funds, fiscal analysis and forecasting, and research and evaluation activities that support program development and program improvement and identify best practices.

In addition, during the First 5 California annual planning session, the Commission, working with these goal areas and within the overarching framework of school readiness, identified four areas that will be the focus for new investments for the Commission over the next three years. These *Focus Areas* are Oral Health, Informal Care, Migrant and Seasonal Farmworker Families, and Children with Disabilities and Other Special Needs (to include Early Mental Health).

The First 5 California Commission also has continued its efforts on many initiatives implemented in previous years that support its school readiness goals, including four key projects initiated during 2000/01: School Readiness Initiative, Retention Incentives for Early Care and Education Providers, Kit for New Parents, and Statewide Data Collection and Evaluation.

EARLY CHILDHOOD LEARNING AND EDUCATION INITIATIVES AND PROJECTS

First 5 California has supported seven projects to increase early childhood learning and education. These are the School Readiness Initiative, Master Plan for Education, Early Steps to Reading Success, Matching Funds for Retention Incentives for Early Care and Education Providers, Training and Retaining Early Care and Education Providers, Child Development Permit Project, and Accreditation of Child Care Centers. These projects and future initiatives in early childhood learning and education are described below.

School Readiness Initiative

The First 5 California Commission adopted school readiness as its overarching goal. The \$400-million School Readiness (SR) Initiative is the Commission's signature program and the primary means of achieving its overarching goal of school readiness. The Commission uses the definition of school readiness developed by the National Education Goals Panel: children's readiness for school, schools' readiness for children, and the family and community supports and services that contribute to children's readiness for school success. These aspects provide the framework for the five "Essential and Coordinated Elements" required for every School Readiness Program for children ages 0-5:

1. Early care and education (ECE) with kindergarten transition strategies, including improved access to high-quality ECE for parents and providers, and improved implementation of effective practices through training of all types of ECE providers.
2. Parenting and family support services, including services to improve literacy and parenting skills, home visitation, employment development, and family court services.
3. Health and social services, including services such as health plan enrollment; provision and/or referral to basic healthcare (e.g., prenatal care, services for children with disabilities and other special needs, oral health, and nutrition); comprehensive screening and assessment; mental health counseling; and others.
4. Schools' readiness for children, including articulation of ECE and kindergarten standards and curriculum, outreach to parents, kindergarten transition programs, cross-training for ECE providers and elementary teachers, and coordination of support services and assessments.

5. Program infrastructure, administration, and evaluation, including coordination across the five 'Elements,' staff training, transportation, and evaluation for program improvement.

School Readiness Programs can be based at schools or in community settings linked to schools. All services need to be culturally and linguistically appropriate, address the needs of diverse populations, and include children with disabilities and other special needs. First 5 California contracted with UCLA's Center for Healthier Children, Families and Communities to support effective implementation of local SR Programs by providing direct technical assistance, developing materials and a Web site and listserv, and coordinating regional meetings.

The School Readiness Initiative is progressing through the joint efforts of First 5 California and all 58 counties. The First 5 California Commission's allocation of \$206.5 million over a four-year period requires collaboration and a 1:1 cash match from the County Commissions and/or local partners. This financial commitment will help to ensure that school readiness becomes an integral part of California's education, health care, and family support systems.

Perhaps the most creative and ambitious aspect of the School Readiness Initiative is to persuade all relevant organizations, agencies, and the general public that children's success in school is everyone's responsibility. If children are to succeed in school, their families and communities need to support them by making sure they are healthy, well nourished, and mentally alert. This requires that services for children be readily available and accessible in family-friendly environments and that parents are fully aware of the importance of their role as their child's "first teacher." The SR Initiative will be supported by a broad campaign to educate the public about the importance of school readiness resources and the standards and expectations for early education and kindergarten. Research-based readiness assessments for children and schools, as well as rigorous program evaluation, are being developed to support implementation of School Readiness Programs statewide.

Master Plan for Education

At the request of the Joint Committee to Develop a Master Plan for Education, the First 5 California Commission funded and coordinated the activities of the 60-member School Readiness Working Group, chaired by Commissioner Karen Hill-Scott, to address the importance of early childhood development for success in school and in life. The School Readiness report is based on a compelling body of scientific evidence that

children's first five years of life are crucial to their future success. The report includes 14 major recommendations with numerous implementation suggestions to build a statewide system of early education services. First 5 California supports and recognizes the importance of all the recommendations made by the Working Group and has identified three recommendations that will be a focus for First 5 California. These three recommendations are critical steps in achieving school readiness for all California children:

1. For Infants and Toddlers: Fund high-quality programs for all low-income infants and toddlers and enhance developmental screening in the earliest years of life.
2. For Preschoolers: For the two years leading up to kindergarten entry, provide universal access to formal preschool programs that offer group experiences, standards-based curricula, and individualized transition plans to kindergarten.
3. School Readiness Centers: Enact legislation that will allocate resources to establish a network of neighborhood-based School Readiness Centers that gives all families access to essential services to meet children's developmental needs.

Early Steps to Reading Success

Approved by the First 5 California Commission in July 2001 for \$10 million over two years, the Early Steps to Reading Success program fosters school readiness by providing high-quality, research-based professional development in early literacy to early childhood educators, including family childcare providers, serving children at greatest risk of school failure. Funding provides for the simultaneous translation of live broadcast of Heads Up! Reading into Spanish, as well as additional outreach to potential participants. It is estimated that 8,000 early childhood educators and more than 80,000 parents participate in this program each year.

Matching Funds for Retention Incentives for Early Care and Education Providers

Through a \$67-million funding partnership that began in 2000, First 5 California is investing almost \$17 million, over three years, in matching funds to 42 participating County Commissions, and County Commissions are investing \$50 million to support local programs addressing retention of family childcare providers and center-based teaching staff and directors by providing incentives for qualified staff to stay in the field and improve their education and professional development.

This initiative aims to improve the quality of early care and education programs by reducing high staff turnover in the field. In recognition of workforce stability as a major factor in the potential for bonding between caregivers and young children and, thus, in the quality of childcare, the Retention Incentives Initiative rewards professionals who have demonstrated a commitment by continued dedication to the field and by continued professional development.

Most of the programs are based on the Compensation and Retention Encourage Stability (CARES) compensation model, in which early care and education staff receive stipends based on their level of education. Their eligibility for receiving funds the following year depends on continuation of their education or professional development. One county is implementing a benefits package rather than stipends, and another is distributing bonuses based on attending a specific number of hours of training in a year. A total of 16,459 early care and education stipends were distributed to qualified staff during fiscal years 2000/01 and 2001/02.

The Retention Incentives Initiative is a pilot project and is scheduled to end in June 2003. Policy Analysis for California Education (PACE) is conducting an evaluation of the project. First 5 California is looking at how different compensation and retention strategies work under varying conditions, and which approaches are most cost-effective. The retention incentive evaluation is guided by two primary research questions:

1. How does the implementation process affect the outcomes for particular strategies?
2. What is the differential impact of particular retention incentive strategies on the retention and professional development of early care and education providers?

For a subset of the counties, the study includes site visits; interviews and focus groups with program staff, participants, and key stakeholders to assess program implementation; annual interviews with childcare retention incentive (CRI) recipients and center directors; and data from community colleges, state credentialing agencies, and the 2000 census.

The information obtained from the evaluation component will help inform First 5 California's policy direction and funding decisions for future workforce initiatives. Continued investment in the program will be based on this rigorous evaluation of the pilot project.

Results have been collected for the first year (2000/01) of the two-year evaluation, and the preliminary findings are promising. Participants in the Alameda Child Development Corps (CDC) and SF CARES were significantly more likely to take ECE college coursework and other training than ECE staff in the comparison group. This finding is of particular importance because of the link between education and the quality of care provided. ECE staff with more training and education are more likely to provide sensitive and responsive care. One year after stipends were first distributed, the following training and professional development was found:

- £ After controlling for differences, 63 percent of CRI recipients in the Alameda CDC and 64 percent in SF CARES took ECE college classes, whereas only 50 percent of ECE staff in the comparison group did.
- £ After controlling for differences, approximately 93 percent of CRI recipients in the Alameda CDC and 90 percent of recipients in SF CARES participated in ECE workshops in the year following receipt of the stipend, compared with 75 percent of ECE staff in the comparison group.
- £ The vast majority of participants in the Alameda CDC and SF CARES stayed in the ECE field in the year following receipt of the stipend. Although these data are preliminary, the retention of recipients is a positive indicator because of the evidence linking staff stability to the quality of care provided.

Training and Retaining Early Care and Education Providers

This \$6-million initiative began in March 2000 and, through six different training projects, aims to recruit more individuals into the early care and education (ECE) field, raise the graduation rate from high-quality training programs, and boost the retention of qualified providers in order to stabilize the childcare workforce. Another important goal is to raise the number of teachers or providers working with underserved populations, including children whose primary language is not English, infants, and children with disabilities and other special needs, in regions of the state with particularly scarce supplies of licensed childcare programs. The evaluation is assessing programs individually and as a group to determine their effectiveness over time. As of June 30, 2002, the six training projects funded for expansion with First 5 California funds had 3,197 participants.

Child Development Permit Project

Approved by First 5 California in February 2002 for \$442,000 over 15 months, this project supports the professional development of early care and education staff by paying the permit application and fingerprint processing fees required to obtain a Child Development Permit for approximately 3,000 first-time, renewal, and upgrade permit applications. Priority is given to individuals participating in the retention incentive programs supported by the First 5 California Commission.

Accreditation of Child Care Centers

Implemented in January 2001, this project, in partnership with the California Department of Education, is an investment of \$8 million over three years. This project supports the expansion of high-quality early care by providing incentive grants and technical assistance to licensed family childcare homes and childcare centers located in the service area of low-performing schools to become accredited by a nationally recognized childcare accreditation agency. Approximately, 370 centers and 900 family childcare homes will become accredited as a result of this project. Priority for participation is given to providers that care for infants, serve families in which English is not the primary language, care for children with disabilities or other special needs, and offer care during nontraditional hours. Accredited programs offer children enhanced school readiness opportunities, more stimulating and supportive care, better health and safety practices, better staff-child ratios, and improved indoor/outdoor environments.

Future Initiatives

Over the next year, as part of the development of the *Focus Areas* initiatives, each new initiative will link with the School Readiness Initiative. Highlighted here are the Focus Areas of Migrant and Seasonal Farmworker Families and Children with Disabilities and Other Special Needs; Oral Health and Informal Care are highlighted under other programs.

- £ **Migrant and Seasonal Farmworker Families.** The Migrant Families Initiative is currently in the initial research stage of development. It is likely to focus on the provision of high-quality childcare and child development programs, with an emphasis on literacy and language development.
- £ **Children with Disabilities and Other Special Needs (to include Early Mental Health).** This project seeks to improve practice in working with families, educators, and health and social service

providers to better meet the needs of young children with disabilities and other special needs in the context of a broad community approach (the School Readiness Initiative). The intent of the project is to develop and model practices that demonstrate a commitment to providing high-quality services and supports for children with disabilities and other special needs in all aspects of program development: planning, program design, implementation, and evaluation. A special focus of this family-centered project is fostering the social and emotional development of children with disabilities and other special needs in all settings.

During 2002/03, First 5 California also will be working with the Packard Foundation and Pew Charitable Trusts in a planning process to look at ways to achieve voluntary universal access to preschool for three- to four-year-olds in California. In addition, during 2002/03, the San Mateo County Children and Families Commission (\$10 million) and First 5 Los Angeles (\$100 million) have allocated money to begin implementation of universal preschool. Alpine County has adopted a plan to address universal preschool. Several other County Commissions are considering investments in universal access to preschool.

Finally, the goal of the Informal Child Care Initiative is to improve the quality of care for young children in California by providing supports, resources, and information to informal childcare providers and to enhance professional development in early care. Informal childcare providers are those who provide childcare, with or without state subsidies, without being required to be licensed or to meet any specified qualifications. The choice of a specific design will be based on statewide learning and development goals and on community needs such as the caregivers' interests, the role that informal care plays in the local neighborhoods, and the specific goals that the local program aims to achieve. Ten million dollars has been earmarked for this project, with the first step being to conduct research and focus groups to determine the most effective training and education strategies.

EARLY HEALTH INITIATIVES AND PROJECTS

First 5 California has addressed the goal of early health through three efforts: Childcare Health Linkages; Infant, Preschool, and Family Mental Health Initiative; and Childhood Asthma Initiative. These projects and future initiatives to support early health are described below.

Childcare Health Linkages

An important aspect of school readiness is to link the services of health agencies with childcare facilities to improve the health and safety of childcare environments and identify children at risk for mental and physical health problems before they enter kindergarten. First 5 California has invested \$4 million in the Childcare Health Linkages project, whose goal is to link childcare and health professionals to improve the health and safety of children ages 0-5 attending out-of-home childcare facilities, including childcare centers, family daycare homes, and informal childcare settings. The Childcare Health Linkages project provides childcare health consultation services, and educational curriculum for childcare health consultants, supports 21 county-level health consultation programs, and includes formative and outcome evaluations of the project.

Infant, Preschool, and Family Mental Health Initiative (IPFMHI)

The Infant, Preschool, and Family Mental Health Initiative, conducted in partnership with the Department of Mental Health, is a three-year project funded at \$3,600,000. Implementation began in June 2001 in eight counties. The goals of this project are to (1) develop new mental health services for young children and their families consistent with Systems of Care practices and philosophy, (2) provide education and training about services for children ages 0-5 and their families, (3) train mental health providers in skills required to work with very young children and their families, (4) expand interagency collaboration, (5) develop infrastructure necessary for carrying out these goals, and (6) conduct evaluation throughout the project to demonstrate outcomes. The project has completed preliminary evaluation status reports showing promising outcomes.

Childhood Asthma Initiative

Conducted in partnership with the Department of Health Services and funded by First 5 California at \$6,100,000, this two-year project began in September 2000. The major components of the initiative are:

- £ **Local Assistance.** There are two types of local assistance projects: Community Asthma Intervention (8 projects) and Asthma Treatment Services (3 projects).
- £ **Provider Education.** A major effort is under way to develop Child Health and Disability Prevention Program (CHDP) Asthma Health Assessment Guidelines for infants and children from birth to five

years of age. Seven regional trainings were held in spring-summer 2001 to orient the county CHDP coordinators to the new guidelines, who in turn will train the more than 5,000 CHDP providers statewide.

- £ **Assessment and Studies.** Two major efforts are under way: one to analyze data from the Child Health and Development Study on early childhood determinants of asthma and one to survey childcare centers regarding their policies and practices related to asthma.

- £ **Evaluation.** Local and statewide evaluation of interventions to assess impact of communitywide policies, asthma management, use of written asthma management plans and appropriate asthma treatment, assessment of asthma severity, access to healthcare coverage of young children with asthma, and child/family quality of life.

Future Initiatives

The Oral Health Initiative is being designed to address and enhance: (1) provider supply, distribution, and qualifications; (2) parent and community understanding of the importance of oral health for young children; and (3) research and evaluation efforts in this arena. Ten million dollars has been earmarked for this project.

PARENT AND COMMUNITY EDUCATION INITIATIVES AND PROJECTS

First 5 California has supported parent and community education through the Kit for New Parents, a Public Education Campaign, and the School Readiness Initiative. These projects and future initiatives to promote parent and community education are described below.

Kit for New Parents

In May 2001, First 5 California approved the investment of more than \$23 million over the next two years for the implementation of the Kit for New Parents, which contains informational videos and printed materials on a range of child development topics. When evaluated in a pilot phase by the University of California at Berkeley, the Kit demonstrated a clear impact on parents' attitudes and behaviors. First 5 California, in partnership with County Commissions, distributed nearly 500,000 Kits in the first year of the program. First 5 California funds the production of the Kit, and First 5 County Commissions distribute the Kit locally. The Kits are also distributed through First 5 California's 800 number. Kits are currently available in English and Spanish;

plans are under way to adapt the Kit into Korean, Mandarin, Cantonese, and Vietnamese.

The Kit for New Parents is a comprehensive resource for new and expecting parents. The videos and printed materials in the Kit translate recent scientific findings about the importance of the early years in every child's life into practical guidelines for parents' daily interaction with their babies and young children. The study conducted during the pilot phase found that participating parents appreciated and used the Kit and made many positive attitudinal and behavioral changes based on the information provided in it.

The Kit for New Parents, contains six celebrity-hosted videos that provide a wealth of information on raising healthy, self-confident, happy children who are learning and ready to reach their greatest potential. Topics include:

- £ **The first years.** Provides information on the importance of bonding, communication, health, nutrition, and childcare.
- £ **Early literacy.** Describes a variety of ways parents can help their young children develop the skills necessary to learn to read and write.
- £ **Quality childcare.** Explains the role of high-quality childcare in children's healthy development and points out what to look for when choosing a childcare provider.
- £ **Safety.** Offers tips on making children's environments safe – for example, ways to prevent accidental injuries – and provides information on automobile car seat safety.
- £ **Your healthy baby.** Includes information on prenatal care, breastfeeding, visiting the pediatrician, and meeting children's nutrition and exercise needs.
- £ **Discipline.** Provides a framework for setting limits and explains why a firm but gentle approach is best.

Public Education Campaign

Beginning in January 2001, the First 5 California Commission approved the development of a new public education campaign and continuation of current projects that in a study have been credited with helping raise awareness of the importance of the early years for more than 75 percent of Californians. The materials are produced in 11 languages and placed in every media market in the state, reaching every county in the state through a mix of TV, radio, print, and outdoor formats. Overall, general market TV reached an estimated 99 percent of the target audi-

ence, who saw the ads an average of 35 times. General market radio reached approximately 77 percent of the target audience, who heard the ads an average of 10 times. The research for the Spanish-language audience was similar. The media campaign includes the following components:

- £ Granted \$12 million to 151 community-based organizations reaching diverse populations with early childhood development public education messages in more than 35 languages.
- £ Conducted a campaign of public education outreach to parents and caregivers on the importance of the early years that was covered in an average of 25 news stories per month in the general market, Spanish-language, Asian-language, and African-American media.
- £ Partnered with the Spanish-language television network, Univision, which aired 22 “Nuestros Ninos Primeros” (Our Children First) news segments to educate parents and caregivers about early childhood development issues, including disabilities and other special needs, health, safety, and childcare. The segments reached more than 1 million viewers with an estimated advertising value of \$460,860.
- £ Developed a clearinghouse, which includes an online catalog, to disseminate First 5 California early childhood educational materials to organizations that provide support and services to California families.

School Readiness Initiative

As described previously, one of the “Essential Elements” of the School Readiness Initiative focuses on parent and family education opportunities to improve literacy and parenting skills. This initiative will be supported by a broad campaign to educate the public about the importance of school readiness resources and the standards and expectations for early education and kindergarten.

Future Initiatives

In November 2002, First 5 California approved a Request for Proposals for adaptation of the Kit for New Parents into Korean, Mandarin, Cantonese, and Vietnamese. Future plans include adaptation of the Kit into Cambodian, Hmong, Russian, and Armenian.

TOBACCO CESSATION INITIATIVES AND PROJECTS

First 5 California has promoted tobacco cessation through the California Smokers’ Helpline, Smoking Cessation: Training of Healthcare Providers, and a Public Education Campaign. These are described below.

California Smokers’ Helpline

The Smokers’ Helpline was funded in January 2001 for \$3 million over a three-year period. In partnership with UC San Diego, this project is intended to further the Commission’s long-range goal of improving child health by reducing one of the greatest threats to children’s welfare: parental smoking. The project will increase the availability of cessation services for pregnant smokers and smoking parents of young children. These services are provided by the California Smokers’ Helpline, an existing statewide tobacco cessation program that has proven effective with adult smokers.

Smoking Cessation: Training of Healthcare Providers

This is a 20-month project that began in December 2001 with a total First 5 California investment of \$600,000 and is conducted in partnership with the American Cancer Society. This demonstration project is a smoking cessation program specifically designed and targeted to pregnant smokers and smoking parents of children ages 0-5. In addition to direct patient services, this program includes a healthcare provider training component and an independent evaluation.

Public Education Campaign

The anti-tobacco campaigns were produced in 11 languages and placed in every media market in the state, reaching every county in the state through a mix of TV, radio, print, and outdoor formats. Overall, the anti-tobacco general market TV reached an estimated 97 percent of the target audience, who saw the ad an average of 12 times. Anti-tobacco general market radio reached approximately 74 percent of the target audience, who heard the ad an average of 5 times. Reach for the Spanish-language audience was similar. The total amount spent on anti-tobacco advertising was approximately \$4,888,000, roughly 27 percent of the entire media campaign cost.

EVALUATION AND RESEARCH ACTIVITIES

First 5 California has supported research and evaluation through several efforts. These include the Statewide Data Collection and Evaluation of First 5 California; evaluations of the Kit for New Parents and of Training and Retaining Early Care and Education Staff;

and research activities involving the Geographic Information System, a meta-analysis study on home visitation, Promising Early Care, Education, Family, and Community Support Programs and Practices, and the 2001 California Health Interview Survey.

Statewide Data Collection and Evaluation of First 5 California

As required by the Act, First 5 California is required to evaluate the impact of the First 5 California Children and Families Funds, including the manner in which funds were expended, the progress toward and achievement of goals and objectives, and the measurement of specific outcomes through the appropriate indicators. In April 2002, the Commission awarded a contract for \$23.5 million, over three years, to conduct the Statewide Data Collection and Evaluation of First 5 California and the School Readiness Initiative. The contract was awarded to SRI International, with work beginning in March 2002. Regional meetings were held in April and May across the state for County Commission staff as an introduction to the evaluation team and the evaluation framework, and to provide an opportunity for input into the evaluation goals, design, and process. The goals of the evaluation are to:

1. Support the continuous improvement of local and state activities.
2. Support accountability to the public and the State Legislature.
3. Produce reliable, high-quality information about:
 - › Implementation of First 5 strategic plans and activities.
 - › Improvements in local systems of care.
 - › Outcomes for children and families (at the participant and community levels).
 - › County context.
4. Be inclusive and reflect the diversity of California's counties and communities.

The evaluation design includes several key products that will be completed in the first year of the contract:

- £ Statewide and School Readiness evaluation designs and tools.
- £ Revised *Results to be Achieved* document.
- £ Revised annual County Commission reporting form.
- £ Annual report to the Legislature.

- £ Confidentiality guidelines and recommendations for incorporating equity principles.
- £ Web-based data system (PEDS).
- £ County scorecards.
- £ Designs for comparison, cost-effectiveness, sustainability, and longitudinal studies.
- £ Case studies on promising practices.

Kit for New Parents

As noted above, studies are being conducted on the Kit for New Parents:

- £ A process evaluation, which is looking at how the Kits are being distributed across the 58 counties, and a qualitative study on the ways the Kits are used by families and communities of diverse backgrounds and situations.
- £ An outcome evaluation, which includes an already completed pre/post pilot study of Kit recipients and a current longitudinal assessment of mothers in a Kit recipient group and a comparison group of mothers who did not receive the Kit.

Training and Retaining Early Care and Education Staff

Also as described previously, First 5 California funded evaluations of two programs, *Child-Care Retention Incentive-CRI Programs: Matching Funds* and *Training and Retaining Child-Care Providers and Center Staff*. Evaluation results from the first year are promising. The programs are being evaluated in the context of four general research questions: To what extent does the project (1) recruit more, and more diverse, individuals; (2) include effective supports that address barriers inhibiting progress or completion of training; (3) offer supports that are effective in retaining teachers and providers in the field; (4) effectively build on local and statewide capacity and infrastructure, with a clear plan for collaboration? Both programs have submitted draft interim reports that have been reviewed by First 5 California staff and are being revised to incorporate input and suggestions.

Geographic Information System (GIS)

The Geographic Information System displays overlaying maps of risk factors, resources, and information at both the state and county levels. Geographically mapping risk factors, resources, and other community-level information can simplify and facilitate information sharing while providing insight

into complex relationships between community problems and the resources available in the community. Geographic mapping has the further benefit of bringing together information from many different sources and provides a more comprehensive and holistic view of the environments that California children grow up in.

The First 5 California Geographic Information System can be used by the County Commissions for community-level needs assessment, resource identification, efficient targeting of limited resources, and systems integration across many different communities. Although the mapping information offers great detail at the local level, it is available statewide and across jurisdictional boundaries. This allows the First 5 California Commission to make standardized comparisons of local conditions across the state. During the 2001/02 fiscal year, several layers were added to First 5 California's GIS map:

- £ Populations of children ages 0-5
- £ Populations that receive inadequate prenatal care
- £ Locating obstetricians, pediatricians, and family practitioners
- £ Schools, school districts, and School Readiness target schools.

The following layers will be placed in early 2003:

- £ Race/Ethnicity
- £ Teen births
- £ Low-income births
- £ State preschools
- £ Healthy Start sites.

Building School Readiness through Home Visitation

In 2001, the First 5 California Commission, having adopted "School Readiness" as the overarching goal, contracted to have a meta-analysis study completed on home visitation. Home visiting is being embraced nationally and in California because it has been used to address many goals important for young children and their families, including many of those specific as part of the school readiness definition adopted by First 5 California. This report explores the extent to which research indicates that home visitation can be

used as a school readiness strategy. It includes the results of some of the latest studies, literature reviews, and home visiting program initiatives across the country, and offers recommendations for program providers and practitioners about how to craft effective home visiting services.

Promising Early Care, Education, Family, and Community Support Programs and Practices

In September 2001, the First 5 California Commission contracted to collect and analyze current research literature, data, and initiatives across the country in the following four areas:

- £ Promising early care and education (ECE) and family-community practices.
- £ Early care and education and school readiness systems.
- £ Cost projections and fiscal models.
- £ Training, education, compensation, and retention of ECE providers in California.

Within these parameters, the study addressed several broad issues, including: (1) parent involvement, (2) school readiness, (3) diversity, (4) education and training, (5) financing, and (6) evaluation in early care and education. In addition to describing the available research, the report identifies dozens of programs and models. The "best practices" included in each section of the report represent the best of what is occurring in early care and education at both the federal level and the state level in California and other states.

2001 California Health Interview Survey

The California Health Interview Survey (CHIS) provides population-based state and local health data for use by local health departments, community-based organizations, and healthcare providers, greatly enhancing California's system for monitoring the public's health and access to healthcare. CHIS is the largest state health survey ever conducted in the United States. Of the 55,000+ California households surveyed across the state, 5,511 were children ages 0-5 (interviews were conducted with the most knowledgeable adult). First 5 California invested \$2 million in the 2001 CHIS and has use of the data for research and planning purposes. First 5 California has a representative on the CHIS Advisory Board.

2. STATE COMMISSION OPERATIONS

STATE COMMISSION FINANCIAL SUMMARY

- £ The financial information contained in this chapter reflects projected revenues based on current projections by the Department of Finance.
- £ Expenditures reflect approved projects to date.
- £ The State Commission, in partnership with CCAFA, has developed a revenue projection model to project revenues in the future.
- £ It has been a policy of the State Commission, County Commissions, and CCAFA to seek funding partners where possible because the long-term viability of First 5 California will be dependent on such partnerships. With this in mind, the State Commission has embarked on programs, such as *Matching Funds for Retention Incentives for Early Care and Education Providers* and the *School Readiness Initiative*, that leverage local funds through partnerships. We anticipate that, once fully implemented, more than \$300 million of local funds will be leveraged through these efforts. In addition, we will be receiving approximately \$2 million per year in federal Medicaid funds to support the Kit for New Parents. We will continue to seek new funding partners and leverage existing funds as we implement new projects/programs in the future.

FISCAL YEAR 2001/02 STATE COMMISSION AUDIT

At the close of fiscal year 2001/02, the State Commission contracted with the California Department of Finance (DOF), Office of State Audits and Evaluations, to perform a fiscal audit of the State Commission for that time period. In November 2002, DOF submitted its final Audit Report on the Children and Families Trust Fund and Related Funds. The DOF opinion reflects no material exceptions.

Proposition 10 Revenues (in 000's)	2001/02	<i>Estimated</i> 2002/03
Total Tax Revenues	\$ 626,557	609,428
Interest Income	1,331	2,500
Total Revenues	\$ 627,888	611,928
Less:		
Proposition 99 Accounts		
Breast Cancer Fund	\$ 6,000	\$ 5,791
Health Education Account	15,920	15,366
Research Account	3,980	3,843
Board of Equalization (Collection and Administration)	\$ 959	\$ 959
County Allocation (80%)	\$ 480,823	\$468,775
State Commission Allocation (20%)	\$ 120,206	\$117,194
Mass Media Account	35,967	35,216
Education Account	30,222	29,346
Childcare Account	17,983	17,608
Research & Development Account	17,983	17,608
Unallocated Account	12,057	11,547
Administrative Account	5,994	5,869
State Commission Expenditures (in 000's)		
1. Account Expenditures	2001/02	
Mass Media	\$48,767	
Education	11,355	
Childcare	19,191	
Research & Development	4,071	
Unallocated	9,852	
Administrative	3,535	
Accounts Total	\$96,771	
2. School Readiness Expenditure	\$200,650	
State Commission Expenditures Total	\$297,421	

3. COUNTY CHILDREN AND FAMILIES COMMISSIONS

OVERVIEW

This chapter describes the activities supported by the 58 County Commissions that received funding from First 5 California during FY 2001/02 (July 1, 2001, through June 30, 2002). Adopting the goals established by First 5 California, most County Commissions have emphasized school readiness in their strategic plans. They have used many approaches to address the needs of children ages 0-5 and their families, from expansion of existing services and planning grants to requests for proposals and mini-grants. Consequently, Proposition 10 tobacco tax funds have enabled local commissions and their communities to offer new and enhanced services tailored to local needs and strengths, as well as to improve and expand the systems that serve California's young children and their families.

Within the framework of school readiness, this chapter and Chapter 4 summarize the 2001/02 annual reports submitted by 56 of the 58 County Commissions. In these reports, County Commissions provided descriptions of the unique characteristics of their counties' geography and populations, the methods they used to identify local needs and develop their strategic plans, the strategies they used and programs they funded, the intended results of those strategies and programs, innovative and promising practices they used, and their local evaluation efforts.¹ County Commissions also reported on revenues and expenditures, including funds leveraged from other sources.

This chapter begins with an overview of the four major result areas and the priorities of County Commissions, as reflected in their allocation of funds and their most commonly reported intended results and strategies. Next is a brief discussion of regional variations in counties' local needs, priorities, activities, and First 5 California funding. Each of the following four result areas is then discussed in more detail: (1) improved family functioning, (2) improved child development, (3) improved child health, and (4) systems change. Also, examples of commonly used strategies that address multiple result areas are presented. Finally, examples of how County Commissions are working with each other to increase learning and available resources are highlighted.

RESULTS TO BE ACHIEVED AND STRATEGIES

In September 1999, First 5 California defined three long-range outcomes, or strategic results, in its guidelines for assisting County Commissions with the planning and design of comprehensive, integrated strategic plans:

- £ Improved Family Functioning: Strong Families
- £ Improved Child Development: Children Learning and Ready for School
- £ Improved Child Health: Healthy Children.

In March 2000, First 5 California produced a second document, *Results to be Achieved*, to assist County Commissions with defining the results to be achieved and measuring progress toward attaining such results. In *Results to be Achieved*, First 5 California added a fourth result area that focused on systems change:

- £ Improved Systems for Families: Integrated, Accessible, Inclusive, and Culturally Appropriate Services.

Together these result areas support First 5 California's school readiness mission and the definition of school readiness adopted by the Commission.

In addition, within each of the four result areas, First 5 California developed a set of specific intended results and strategies for achieving intended results. There are 44 intended results and 72 strategies, and each one of these corresponds to one of the four result areas. (See Appendices A and B.)

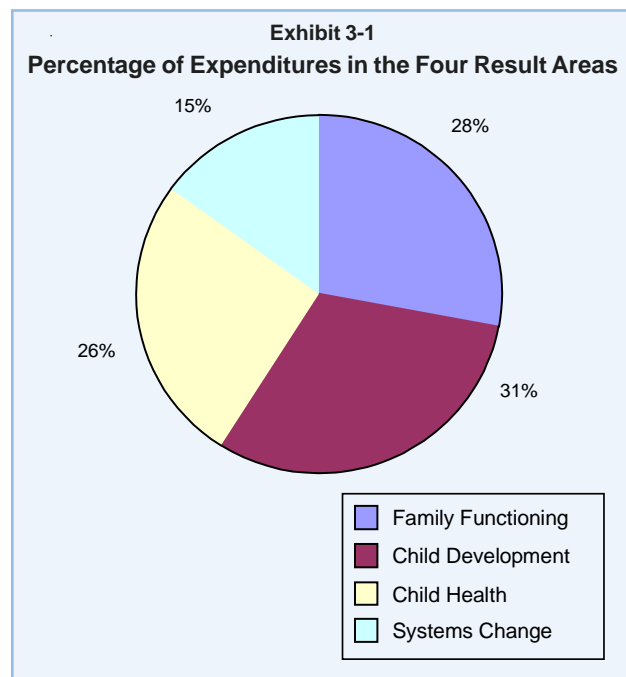
County Commissions have used the four result areas to organize their local strategic plans to support school readiness and to support their local evaluations. In their annual reports, County Commissions articulated, for each of the result areas, the specific results that they intend to achieve and the strategies they have used to achieve these results. This section summarizes the County Commissions' allocation of funds to the four result areas, the most commonly reported results County Commissions intend to achieve, and the most commonly reported strategies supported by First 5 funds in the 2001/02 fiscal year.

¹ In this report, information about County Commissions' local evaluations comes from their annual reports and from a separate survey, which is described in the section on systems change.

A majority (74 percent) of the County Commissions² reported funding programs in all four result areas, and many reported funding several programs that cut across multiple areas (e.g., health, child development, and family functioning). However, the distribution of funds by County Commissions was not equal across the four result areas, as shown in Exhibit 3-1.

Improved child development received the largest proportion of funds distributed by County Commissions overall—nearly one-third. Efforts to improve family functioning received 28 percent of funds distributed in the 2001/02 fiscal year, and improved child health received about 26 percent. Finally, 15 percent of funds were aimed at systems change activities.

The intended results and strategies reported by County Commissions reflect the local needs they identified and their funding priorities to support the overall goal of school readiness. County Commissions' most commonly reported intended results and strategies are presented in Exhibits 3-2 and 3-3. Appendices A and B present all the intended results and strategies reported by County Commissions and the percentages of commissions that reported using each of them.



All four result areas are represented among the most commonly reported intended results, which are largely the same results that County Commissions reported using last year. (See California Children & Families Commission Annual Report, Fiscal Year 2000/01.) Several of the most frequently cited intended results relate to child development, consistent with the finding that the child development area received the largest proportion of funding overall. Nearly all of the County Commissions were trying to achieve improved child development and school readiness by increasing support and educational opportunities for childcare providers and ensuring that children receive high-quality childcare and early childhood education programs, including access for children with disabilities and other special needs. Helping children enter kindergarten “ready for school” also was among the most frequently reported intended results.

Specific results intended to improve family functioning were the next most commonly reported, and that result area received the second largest proportion of First 5 California funds from County Commissions. A majority of County Commissions aimed to support parents in a variety of ways that should help them to promote their children’s development.

County Commissions also sought to improve children’s health. Most County Commissions aimed to improve parents’ ability to provide children with healthy diets and physical activity in healthy and safe environments. Another commonly reported intended result for children’s health was to provide early screening and intervention for children with developmental delays and special needs.

Finally, a majority of County Commissions were trying to improve systems of care with efforts to make services more accessible and integrated and of improved quality.

County Commissions funded a wide range of strategies to achieve these intended results (Exhibit 3-3). Several of these strategies involve direct services to families and children, such as information and referral services, home visiting, developmental and cognitive assessments, and health insurance enrollment assistance. Group and community activities also were common and included parenting classes and support groups. County Commissions also worked to increase program quality and capacity to serve more children

² Commissions from the following counties did not provide their expenditures in each of the four result areas: Alpine, Del Norte, Lake, Mariposa, Sacramento, San Joaquin, San Luis Obispo, Santa Clara, Santa Cruz, Trinity, and Tulare.

**Exhibit 3-2
Top Intended Results Used by County Commissions**

Result Code	Intended Result	Number of County Commissions	Percentage of County Commissions*
C3	ECE/child care providers have increased supports and educational opportunities.	46	90
C4	Children receive quality ECE/child care and early childhood education programs.	46	90
F2	Parents receive increased parent support services.	45	88
F3	Parents are knowledgeable about child development and practice effective parenting skills.	43	84
F1	Parents participate in parent education programs.	42	82
F11	Parents support their child's learning, healthy growth, and development.	41	80
S1	Increased accessibility of services/activities.	41	80
C6	Children enter kindergarten "ready for school."	40	78
S2	Improved service delivery.	40	78
S4	Increased service integration.	39	76
C2	Children, including those with developmental delays and special needs, have access to and receive quality ECE/child care.	36	71
H7	Parents are knowledgeable about and provide their children with healthy diets and physical activity.	36	71
H4	Children receive early screening and early intervention for developmental delays and other special needs.	35	69
F5	Parents provide effective and nurturing newborn and infant care.	34	67
H13	Children are in safe and healthy environments (free from unintentional injuries).	33	65
F6	Children are safe in their homes and communities (safe from intentional injury).	33	65

Note: C = Child Development F = Family Functioning H = Child Health S = Systems Change

Note: Commissions from the following counties did not provide information for this exhibit: Alpine, Del Norte, Lake, San Luis Obispo, Santa Clara, Santa Cruz, and Trinity.

* The percentage of County Commissions that reported that at least one funded program had an intended result.

Exhibit 3-3
Top Strategies Used by County Commissions

Strategy Code	Strategy	Number of County Commissions	Percentage of County Commissions*
59	Provider training or professional development.	43	84
39	Information and referral.	40	78
43	General parenting support.	40	78
10	Increasing service capacity in underserved areas and/or among underserved populations.	39	76
11	Developing conveniently located service sites, co-location with other service providers and community-based organizations, or multidisciplinary home-based services.	39	76
37	Home visitation.	39	76
56	Parenting classes (on topics such as infant care, nutrition, home safety, discipline, child development).	38	75
66	Information dissemination (mailing, distribution of brochures, newsletters, resources).	37	73
13	Training to service providers regarding serving families and children with special needs.	35	70
2	Signing memoranda of understanding with multiple agencies and groups collaborating to provide integrated services (includes facilitating entry into the service system, coordinated service delivery, shared information, and nonduplication of efforts).	34	67
29	Developmental/cognitive assessments.	34	67
57	Caregiver/parent support groups.	34	67
17	Developing programs and materials specifically developed for diverse populations (ethnic, cultural, special needs).	33	65
30	Mental health/behavioral assessments.	33	65
41	Health insurance enrollment/assistance.	33	65
68	Outreach efforts.	33	65
71	Facilities/capital improvements (playgrounds or childcare centers).	33	65
9	Making services available for all families through flexible scheduling.	32	63
58	Classes for children.	32	63

Note: Commissions from the following counties did not provide information for this exhibit: Alpine, Del Norte, Lake, San Luis Obispo, Santa Clara, Santa Cruz, and Trinity.

* The percentage of County Commissions that reported that at least one funded program had a strategy.

and families, especially those in underserved areas or from underserved populations, those with diverse backgrounds, and those with disabilities or other special needs, by training service providers and investing in facility improvements. Many County Commissions also have increased service accessibility by funding programs that provide services at convenient locations and are located in underserved areas and/or among underserved populations.

REGIONAL DIFFERENCES

California's counties vary greatly in population size, local needs and priorities, and resources to address local needs. This section describes some of these regional variations to provide a context for the discussion of County Commissions' activities in the four result areas.

As part of its strategic planning, each County Commission gathered community input to identify local needs and funding priorities. Some needs were common to many counties, such as improved access to affordable high-quality services and childcare, services that are culturally and linguistically appropriate to the characteristics of the local population, support and education services for parents, substance abuse prevention programs, and improved systems of care and coordination of services.

Local needs also reflect the diversity of community characteristics across the state. For example, many rural County Commissions reported being challenged by social isolation, geographic barriers, inclement weather, shortages of clinical specialists and licensed childcare providers, and inadequate transportation to needed services. In addition, some rural County Commissions acknowledged that their economies rely on seasonal laborers, whose families may have needs different from those of year-round residents. Other issues identified by commissions in rural counties include poverty, unemployment/underemployment, lack of accessible and licensed childcare, alcohol and substance abuse, and child neglect.

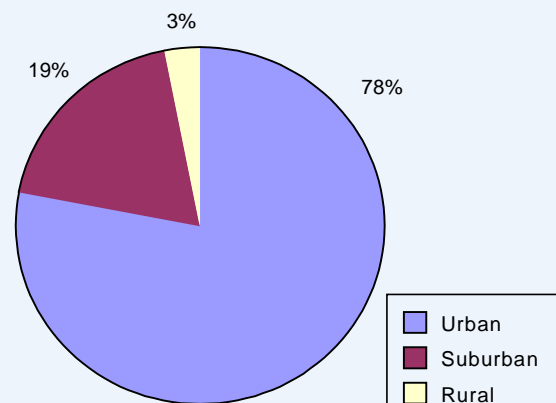
Suburban counties often span large areas and also may include isolated regions with limited resources and access to information and services. Some suburban County Commissions reported a lack of sufficient neighborhood-based and in-home services, as well as of comprehensive, integrated services. Some families living in suburban commu-

nities do not have access to affordable and high-quality childcare or medical, dental, or mental healthcare. Some suburban County Commissions also reported high unemployment, transportation problems, neighborhood violence, substance abuse, and unsafe environments for children.

Most urban counties have residents from diverse racial, ethnic, and linguistic backgrounds, and County Commissions reported a need for culturally sensitive service delivery and service providers who reflect the diversity of the population. Other needs identified by urban County Commissions include accessible and affordable childcare, improved training and support for childcare providers, access to health services and health insurance, and services for middle-income families. A high cost of living and lack of affordable housing can create financial stresses for many families living in urban communities.

First 5 California has addressed the diversity of the state's counties and their differing priorities by giving County Commissions flexibility to design their programming around their unique local needs. Not surprisingly, urban, suburban, and rural County Commissions differed in their relative emphasis on the four result areas. Most notably, rural County Commissions invested a much higher proportion of their funds on systems change efforts (35 percent) than did suburban (21 percent) and urban County Commissions (12 percent).³ This pattern reflects the need of many rural counties for increased accessibility to services for children and families. Suburban

Exhibit 3-4
Percentage of First 5 California Disbursements
Going to Urban, Suburban,
and Rural County Commissions



³ Commissions from the following counties did not provide their expenditures in each of the four result areas: Alpine, Del Norte, Lake, Mariposa, Sacramento, San Joaquin, San Luis Obispo, Santa Clara, Santa Cruz, Trinity, and Tulare.

County Commissions used the highest percentage of their funds to improve family functioning (35 percent), whereas urban County Commissions committed the largest portion of their funds to improving child development (33 percent).

Along with these differences in needs and priorities, there were regional differences in financial resources. Because First 5 California funds are disbursed in proportion to the number of live births in a county, some County Commissions received significantly less funding than others. In 2001/02, First 5 California's monthly disbursements totaled about \$487.6 million. Because of their smaller population sizes, rural County Commissions received only about 3 percent of these funds, compared with suburban County Commissions, which received 19 percent of the funds, and urban County Commissions, which received 78 percent (Exhibit 3-4). However, First 5 California also disbursed more than \$784,000 to the smallest counties, to ensure that all County Commissions received a minimum of \$200,000, regardless of the number of live births in the county.

In addition to monthly allotments and minimum funding, First 5 California gives County Commissions several other types of financial support. For example, in the 2001/02 fiscal year, First 5 California provided more than \$2.5 million in administrative augmentation funds and about \$200,000 in travel funds, which went primarily to rural County Commissions. Some County Commissions received additional funding for the planning and implementation of school readiness programs and training and retention of childcare providers.

These financial differences in the amount and types of funds available to various counties meant that some County Commissions were able to fund more activities than others. Consistent with receiving fewer First 5 California funds, rural County Commissions used fewer strategies for achieving their intended results than did suburban and urban County Commissions. On average, rural County Commissions reported using 29 of 72 strategies across their funded programs, compared with 38 strategies for suburban County Commissions and 42 strategies for urban County Commissions.⁴

Most of the First 5 California strategies were used by higher proportions of urban and suburban County Commissions than rural County Commissions (see Appendix B). There were, however,

some notable exceptions. Consistent with their spending a large proportion of their funds on systems change efforts, rural County Commissions were more likely than other County Commissions to be using strategies to make services more accessible to families through flexible scheduling and conveniently located service sites. Likewise, more of the rural County Commissions distributed the Kit for New Parents (82 percent) than did urban and suburban County Commissions (45 percent and 44 percent, respectively). The Kit may have been especially needed in isolated rural communities, where other types of services for parents are limited.

The following sections provide additional detail for each of the result areas. Appendices A and B provide information about specific regional differences across intended results and strategies.

RESULT AREA 1: IMPROVED FAMILY FUNCTIONING

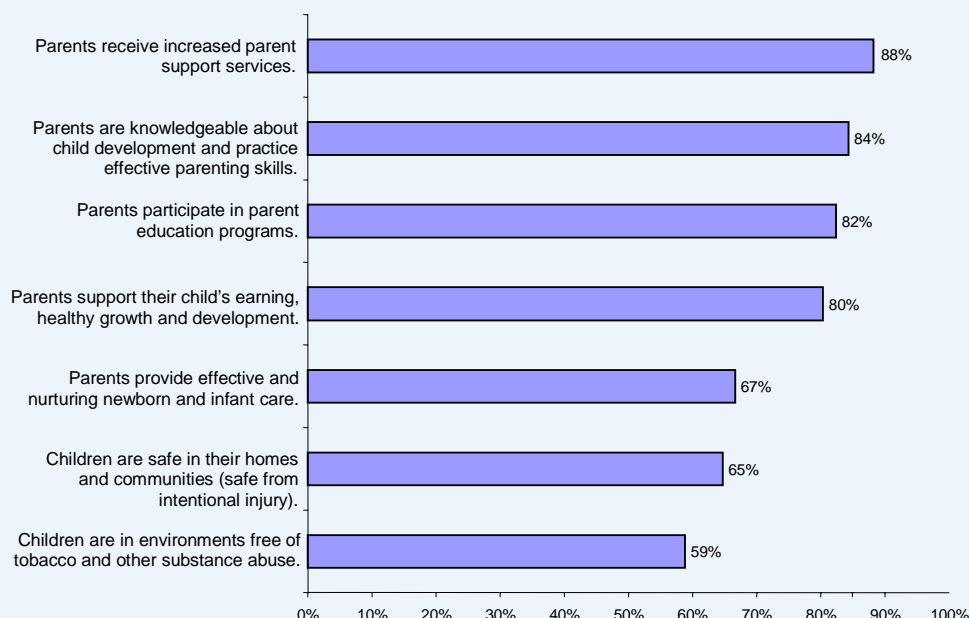
A major focus of the California Children and Families First Act is to meet the need for all kinds of parent education and support services that can lead to more informed and healthy parenting. In response, in 2001/02, County Commissions invested \$48,102,798 in programs and services that support parents in caring for their families, about 28 percent of their total expenditures.

Intended results. Exhibit 3-5 shows the intended results aimed at improving family functioning that a majority of County Commissions reported using. Most County Commissions are trying to expand services for parent support and parent education to assist parents in being more knowledgeable and confident in caring for and helping their children learn and develop. They are also focusing efforts to help parents avoid behaviors or situations that are hazardous to young children (e.g., programs to teach safety, prevent child abuse and/or injury, and smoking cessation).

Strategies. To promote improved family functioning, County Commissions were using a variety of strategies. Many efforts involved providing specific skills and information about parenting. For example, a majority of County Commissions (78 percent) promoted general parenting support, and about half (51 percent) provided specific support for teen parents. This support was provided through several approaches, such as parenting classes (75 percent of County Commissions), support groups (67 percent), and case management (59 percent). Most

⁴ Commissions from the following counties are not included in these counts: Alpine, Del Norte, Lake, Riverside, San Luis Obispo, Santa Clara, Santa Cruz, and Trinity.

Exhibit 3-5
Family Functioning: Commonly Reported Intended Results



County Commissions offered information and referrals to parents (78 percent) and funded dissemination of information in the form of mailings, brochures, and newsletters (73 percent), as well as the Kit for New Parents (61 percent).

County Commissions' strategies also reflect a recognition that social issues, such as adult literacy, mental health, and substance abuse, may be barriers to effective family functioning. More than half of County Commissions provided family literacy programs (57 percent) and mental health services (61 percent). About one-third of County Commissions funded substance abuse screening and treatment.

Examples of how some of the strategies were used to improve family functioning are presented below.

Kit for New Parents

More than half of the County Commissions (62 percent) reported distributing the Kit for New Parents, which contains materials and information to help parents provide optimal care for their newborns and infants. Several County Commissions customized the Kit to include needed materials specific to the local community, such as providing information in languages other than English. Commissions from Kings and Shasta Counties provided additional materials for pregnant women and new mothers. The Kit is available in English and Spanish and is being translated into four other languages.

County Commissions used a variety of methods to distribute the Kit. Some distributed the Kit through partnerships with public health programs, hospitals,

doctors, or Women, Infants, and Children (WIC) programs. Others chose home visitation projects for Kit distribution.

In Inyo County, the Kit was available to parents only in conjunction with a home visiting program that provided in-person education, advocacy, and health information. Using this program as the sole source of Kit delivery helped to ensure that each family receiving the Kit reviewed its contents with a specialist.

The information contained in the Kit for New Parents may play a particularly critical role in isolated communities, where convening groups of parents can be a significant challenge. These creative methods to distribute the Kits not only provide parents with pertinent information about their new baby and parenting, but also serve to increase awareness about other local resources and services available to them.

Parenting Classes

The Monterey County Commission funded its County Office of Education Head Start to provide parent education and skills development classes for fathers of children enrolled in Head Start preschools through the Dads in Action program. The program encourages fathers to engage in more interactive behavior with their children. This focus on fathers, who often are not included or well represented in parent education programs, is an especially encouraging effort for strengthening California's families.

The Plumas Children's Network (PCN) was funded to coordinate prenatal and "New Parent" classes and provide follow-up services. A local public health nurse who facilitates the classes developed the curriculum

for the two 2-hour classes. Participant incentives included an overnight bag with information and items useful during labor and delivery for expecting parents. Classes were held twice in four communities throughout the county. Thus far, 20 percent of pregnant women and 14 percent of new parents in Plumas County have benefited from these activities.

RESULT AREA 2: IMPROVED CHILD DEVELOPMENT

First 5 California also aims to address the need for high-quality, accessible, and affordable early care for children, both at home and at childcare facilities, so that children will be well cared for, nurtured, and stimulated in the critical early years of life before kindergarten. In 2001/02, County Commissions invested more money in efforts to improve child development than in any of the other result areas. County Commissions committed \$54,818,260 to improve child development, about 31 percent of the total expenditures.

Intended results. The intended results for improved child development that were used by at least half of County Commissions are seen in Exhibit 3-6. Nearly all County Commissions were trying to improve support and training of early childhood education (ECE) providers and the quality of ECE programs. Another major focus was to increase accessibility of those programs for children with disabilities and other special needs. Most County Commissions also were emphasizing children's readiness for school when they enter kindergarten.

Strategies. Consistent with their intended results, many County Commissions used strategies to train childcare providers and early childhood educators. As discussed in Chapter 1, First 5 California is promoting high-quality childcare by providing matching funds to County Commissions that invest in childcare provider retention programs. A majority of County Commissions supported professional development training (84 percent), specific training on serving families and children with special needs (69 percent), and interdisciplinary training for providers (61%). Nearly one in three County Commissions promoted classes that would enable local childcare providers to become licensed.

Classes for parents on how to promote optimal home learning environments and to select high-quality early care and education for their children were also common strategies. About one in four County Commissions supported these classes for parents and other primary caregivers.

County Commissions also supported the early identification of and services for children with disabilities and other special needs. More than half of County Commissions provided developmental/cognitive assessments (67 percent) and mental health and/or behavioral assessments (65 percent).

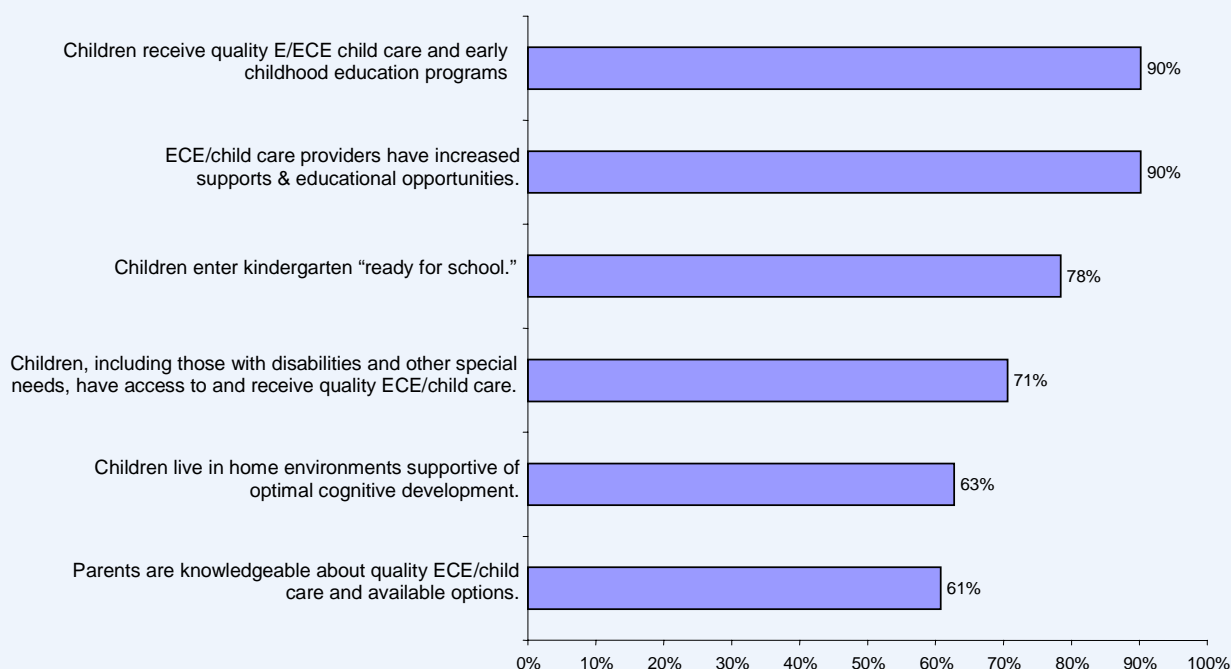
Examples of practices to improve child development are presented below.

School Readiness Projects

Increasingly, County Commissions' strategic planning is using school readiness as a guiding framework. In 2001/02, nearly all County Commissions submitted an application for funds from the School Readiness Initiative. County Commissions gathered input from their communities to assess local needs around helping their children to prepare for school, developed strategic plans, and, in some counties, began implementing programs as part of the statewide School Readiness Initiative. Many others will begin implementation in 2002/03. These activities show an understanding that positive early care and education experiences, effective parenting, and initiatives to improve the health and development of the state's children are critical to their success in school and, ultimately, in life. School readiness programs throughout the state are providing integrated services for children ages 0-5, and for their parents and communities to support them in starting kindergarten ready to learn.

The Los Angeles Educational Partnership (LAEP) School Readiness Project uses home visitation, playgroups, and workshops to prepare children for school. The program has 12 community paraprofessionals who represent the communities they serve and who are ethnically matched to the families they serve. The community paraprofessionals (1) teach early learning skills, especially literacy, to their peers; (2) bring knowledge about age-appropriate developmental practices and information about access to health services to parents/caregivers in their homes; and (3) increase parental awareness around the importance of early childhood learning. These paraprofessionals have access to books, learning materials, and toys for use during their home visits with families. The overwhelmingly positive response from the community and schools has led to a waiting list of 42 families. The program also has resulted in skill development and better job opportunities for the community paraprofessionals. The experience has led the community paraprofessionals to volunteer in local schools, providing yet another level of support to young children in Los Angeles County. This is an excellent example of an innovative comprehensive program that is simultaneously building community capacity, strengthening families, and helping young children get ready to succeed in school when they reach kindergarten.

Exhibit 3-6
Child Development: Commonly Reported Intended Results



In Calaveras County, the Preschool to Kindergarten Bridge Program provides a two- to three-week pre-kindergarten experience for at-risk children at five schools. Eligibility is determined on the basis of scores on pre-kindergarten screening instruments, lack of previous preschool experience, or other factors indicating that a child would benefit from this kindergarten transition experience. Results suggested that participation strengthened the set of skills necessary for at-risk kindergartners to perform at a level comparable to their peers.

Childcare Provider Training and Support Programs

Many County Commissions are making significant progress in responding to the ever-increasing needs of California's families for more readily available and high-quality childcare for young children. Efforts are focusing on improving the training of childcare providers so they will be better equipped to provide the care necessary to support the optimal development, health, and safety of all of our youngest citizens.

The San Francisco County-based Bright Beginnings seeks to increase the quality and quantity of infant/toddler childcare slots through quality assessment, subsidies, and professional development activities. Participants are trained in the use of nationally recognized measures for high-quality care. Achieving scores above the state average made programs

eligible for subsidies ranging from \$100 to \$250 for each income-eligible child. Technical assistance is provided to participating centers to assist them in addressing issues uncovered during the assessment process. The Santa Clara County Commission allocated \$2 million to fund two programs for childcare providers. The Child Care Facility Enhancement program provides grants for up to \$9,000 for facility enhancement, educational toys, books, computers, and other childcare equipment. The Barter Loan Program provides \$10,000 to \$50,000 for major renovations and additions to build capacity. In return for a loan, childcare providers give back to the community in-kind services such as free childcare slots or mentoring programs.

In Mono County, many family childcare providers face barriers to accessing training because of the county's remote location. To address this issue, the Commission supported a family childcare trainer to provide on-site training and activity kits while family childcare providers are caring for children. The trainer assesses each site using the Harms-Clifford Family Day Care Rating Scale, and then brings customized activities, curricula, and other resources on a monthly basis. After one year, the project has provided monthly visits and has performed six-month follow-up assessments at five childcare sites.

Support Programs for Children with Disabilities and Other Special Needs and Their Families

Many County Commissions are making important progress aimed at assuring that young children with disabilities and other special needs are identified in a timely manner and that their families receive the best available information about the children's needs and available services. These efforts recognize the critical role that early intervention can play in promoting the optimal development of this group of children.

Santa Clara's County Commission developed the Center for Learning and Achievement (CLA) to ensure early screening, assessment, and diagnosis of children with suspected disabilities and other special needs. The purpose of the center is to ensure that children receive both assessment and treatment before they experience negative life outcomes. Using a comprehensive multidisciplinary team approach, the CLA is a culturally competent, parent-friendly center that focuses on the 'whole' child. The CLA provides medical, language, psychological, physical therapy, and occupational therapy services. For children with learning disabilities, the CLA uses a neurodevelopment evaluation to identify strengths and weaknesses in brain processes, rather than using a deficit-based approach that relies primarily on standardized academic test scores.

The San Francisco County Child Care Mental Health Consultations program provides funds to the San Francisco Department of Public Health system to provide comprehensive mental health consultations at childcare sites across the city. Six community-based mental health agencies provide consultations at 21 childcare centers and more than 80 family childcare homes. Services are provided in English, Spanish, Cantonese, Mandarin, Toishan, Taiwan Sign Language, and American Sign Language. Consultation services include assessment, class and child observation, direct therapeutic services, parent support activities, referral, and training to parents and childcare staff. An evaluation component will assess individual child improvements, facility environment, and staff understanding of mental health issues.

Voluntary Universal Access to Preschool

Some County Commissions are focusing efforts on ensuring that all children have access to high-quality early education. For example, the County Commission in Los Angeles is planning a five-year initiative to increase access to preschool. Funding for this project was approved in early 2002. In San Mateo County, the County Commission partnered with the David and Lucile Packard Foundation and The Center for Health Improvement to conduct a Universal Preschool Feasibility Study. Preliminary findings suggest that building on the county's existing network of licensed family daycare providers, state-subsidized preschools, and family resource centers will provide the best

foundation for a universal system that gives parents choice and stabilizes an underfunded service.

RESULT AREA 3: IMPROVED CHILD HEALTH

First 5 California aims to provide greater access to high-quality health services for pregnant women and for infants and children. This goal includes developing greater capacity to identify and treat children and families with special conditions; to reduce exposure to tobacco, alcohol, and drugs during the prenatal period and exposure to tobacco smoke in the subsequent years; and to reduce injuries to infants and children. County Commissions have committed approximately 26 percent of their funding to improving the health of their children, as demonstrated by the \$44,502,764 allocated to health-related programs.

Intended results. The intended results for improving child health that were reported by at least half of County Commissions are seen in Exhibit 3-7. These involved giving parents the ability to provide healthy and safe environments for their children, including knowledge of healthy diets and physical exercise. County Commissions also emphasized preventive and ongoing healthcare for children, including mental and oral healthcare.

Strategies. To reach these intended results, projects to improve children's health most frequently included health insurance enrollment assistance (65 percent), health screenings (61 percent), and childhood immunizations (49 percent). A number of County Commissions emphasized prenatal and perinatal health. For example, 41 percent of County Commissions supported prenatal care for pregnant women. Almost half (49 percent) of County Commissions funded projects to assist mothers with breastfeeding. First 5 California funds provided well-baby or well-child checkups to children in 37 percent of counties.

Children's oral health also was a focus in 2001/02. Overall, 49 percent of County Commissions sponsored oral health programs and/or screenings, and 33 percent provided oral health treatment.

Examples of how County Commissions are addressing children's health appear below.

Tobacco Cessation

In San Diego County, the Partnership for Smoke-Free Families (PSF) provided smoking cessation services for pregnant and postpartum women to increase perinatal health and parent education, and to promote smoke-free environments for children. Providers in birthing hospitals, community health sites, and pediatric offices were trained to identify pregnant women and new mothers who smoke, advise them to quit, refer them to cessation counseling and other interventions, and follow up on their progress. PSF trained 218 providers and reached 9,294 children and 12,150 parents.

The Perinatal Tobacco Project in Marin County provides individual and group support to quit and reduce smoking among perinatal families. The program provides materials and information to both consumers and health professionals. Currently, the program is establishing linkages with established healthcare providers and raising awareness around issues of smoking. The tobacco cessation efforts in San Diego and Marin Counties may be especially promising because families may be most responsive around the time of the birth of a new baby into their family.

In San Joaquin County, the Lao Khmu Association program provided drug, alcohol, and tobacco prevention education, intervention, and case management for 79 Southeast Asian low-income families. The comprehensive program features a four-

prong approach to tobacco use prevention and intervention: (1) prevention education/awareness-raising campaign through television media and community outreach; (2) group/individual prevention education sessions; (3) family-based intervention/case management services; and (4) referral services. This is an important program because it addresses the needs of a typically underserved population.

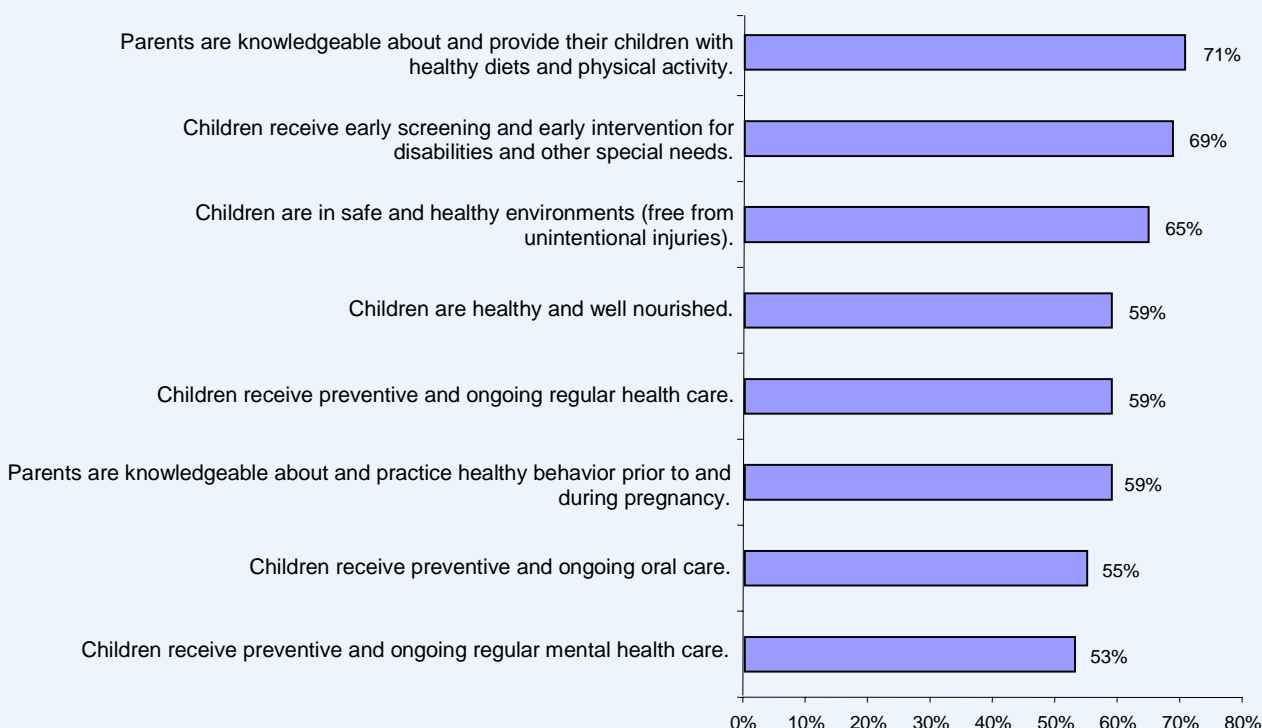
Universal Health Services

Funding from First 5 California has given several County Commissions an opportunity to explore ways to provide universal health services. Focusing on early identification and prevention, these programs are assessing young children for disabilities and other special needs, as well as referring many families to health insurance coverage programs and local support services.

In San Mateo County, the County Commission began implementation of the Universal Health Care Initiative (Healthy Kids). The County Commission helps to lead a countywide coalition that will maximize access to Medi-Cal and Healthy Families and fund health insurance for children not eligible for these existing programs.

In Orange County, the County Commission funded a wide range of comprehensive medical services and health access programs for the 49,000 births in the county. The countywide Bridges for Newborns

Exhibit 3-7
Child Health: Commonly Reported Intended Results



program works with new parents to ensure that every child in Orange County has a healthcare home—a place where the child receives regular, high-quality, preventive care. In the second year of operation, the program served more than 35,000 new parents, and second-time mothers are now requesting the program.

Breastfeeding Assistance

In San Mateo County, the WIC Breastfeeding Care Center promotes and supports breastfeeding by providing enhanced services to encourage women to initiate and continue breastfeeding their children. Services include classes, counseling, a telephone helpline, a breastfeeding resource guide, an electric breast pump loan program, outreach and education to health providers, and a media campaign. This program's promising innovation is that it provides a wide range of breastfeeding supports, thereby recognizing the individual needs of the diverse population it serves.

Oral Health Collaborative

County Commissions in Lassen, Sierra, Plumas, and Modoc Counties are developing a multi-county strategic plan for addressing the oral health crisis of young children in the region. The goal is to build local capacity among existing oral health providers to provide prevention and education services to preschool children and their families. This initiative is an excellent example of a collaborative systems change effort involving prevention, education, and capacity building. By collaborating and sharing resources, these rural counties can achieve results that would likely be impossible by working in isolation.

RESULT AREA 4: SYSTEMS CHANGE

First 5 California recognizes that improved child development, child and maternal health, and family functioning must begin with developing county-level capacity to provide effective supports and services. Thus, all County Commissions' strategic plans describe how programs, services, and projects relating to early childhood development within the county will be integrated into a consumer-oriented and easily accessible system.

On average, local commissions distributed 15 percent of their funds, totaling \$26,694,394, to systems change efforts. In 2001/02, each County Commission engaged in some form of systems improvement, whether it involved revising a strategic plan, making services more accessible, or

planning collaboratively to build more integrated and sustainable programs. Furthermore, many of the examples highlighted in this chapter illustrate how funded programs are often collaborative, integrated, or comprehensive efforts intended to be more accessible and family-friendly to California's diverse families.

Intended results. The most commonly reported intended results for systems change are seen in Exhibit 3-8. Most County Commissions reported using intended results that would increase service accessibility, delivery, and integration. More than half of County Commissions were seeking increased cultural competence in service provision and/or evaluation. Other intended results were for increased accountability results and increased civic engagement.

Strategies. County Commissions used several strategies to promote systems change, including promoting equitable systems, increasing accessibility of services and activities, increasing civic engagement, increasing the sustainability of First 5-funded programs, and increasing service integration. Examples of how County Commissions have implemented these strategies are presented below.

Promoting Equitable Systems

As discussed previously, California offers great diversity in geography and in resident and community characteristics. A critical component of First 5 California concerns the promotion of practices and services that ensure that people from diverse backgrounds benefit from First 5 California funds. Specifically, systems must consider cultural differences, disabilities and other special needs of children and families, language barriers, and geographic dispersion.

In 2001/02, about half (51 percent) of County Commissions reported making efforts to increase the number of service providers who are ethnically, culturally, and linguistically reflective of their communities. More County Commissions were funding programs and materials specifically developed for diverse populations (65 percent). About half of County Commissions (55 percent) reported developing and/or expanding the types of child and family services available to residents who speak languages other than English.

Culturally and Linguistically Sensitive Programs

County Commissions are making many efforts to serve the increasingly diverse families of California in ways that are responsive and respectful of their many cultures, values, and languages.

The Latino Project in Nevada County offers services and support to Latino families with young children. Through augmentation funds, a large number of Latino children were able to enroll in a state preschool. Also, Latina Family Advocates offered services and support to Latino families with young children, and the Grass Valley Unified School District offered English as a Second Language classes and family nights. A "Latinos in the Sierra" conference brought together the legal and social services communities that serve Latinos for an in-depth review of the legal issues that affect immigrants. This conference was administered by the Family Law Facilitator's Office of the Nevada County Superior Court.

The Lake County Commission awarded funding to North Coast Opportunities (NCO) to provide trainings and incentives to enhance the quality of childcare in the local community. Robinson Rancheria was awarded a mini-grant to identify potential childcare providers on the rancherias, and to assist them with the licensure process. These two grantees developed a new

collaboration to address the issue of culturally sensitive childcare for the Native American population. When obstacles for background clearance became evident, NCO offered to work with Robinson Rancheria in exploring its options.

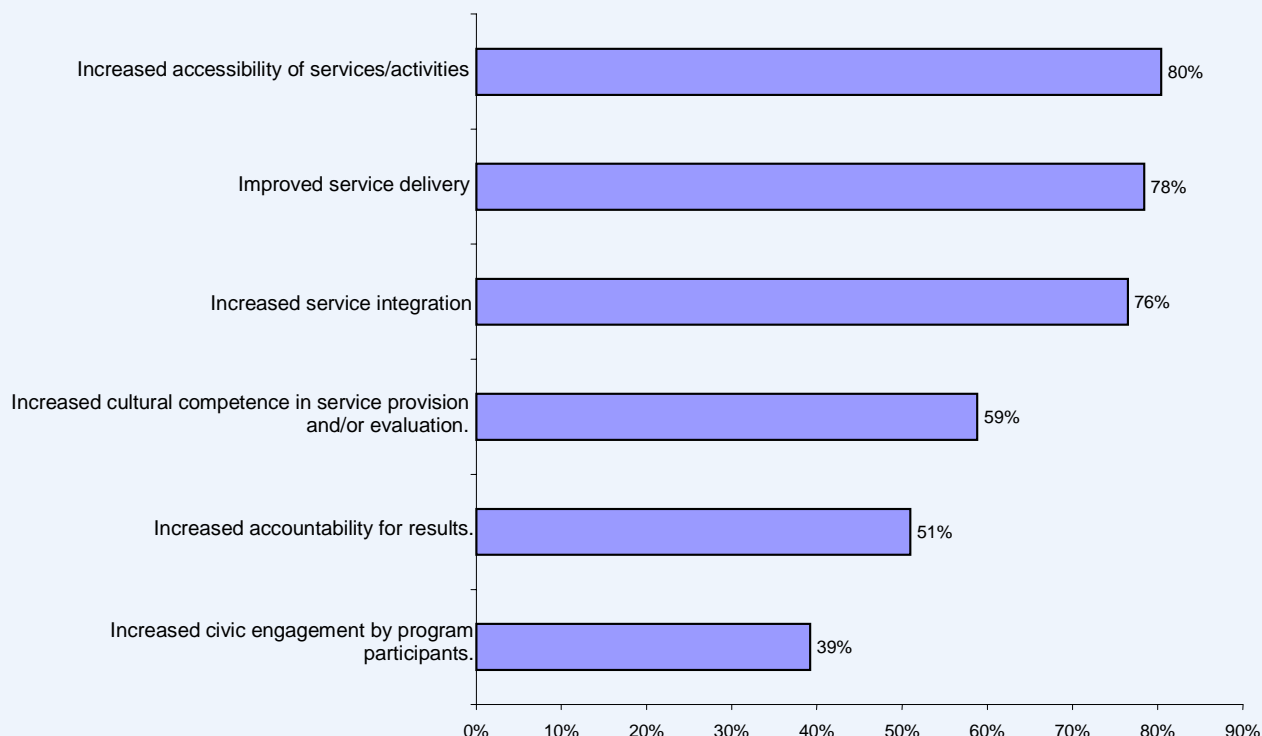
Serving Migrant Farmworkers

In Imperial County, Promotoras-Fuerza Campesina is an organization of women who come from farmworker backgrounds and are continually involved in the education, health, and well-being of farmworkers and their families. Several grantees worked closely with this organization to effectively reach children ages 0-5 and their families, especially those families who often are marginalized from the dominant culture. This is an excellent example of how programs can promote civic engagement and thereby strengthen California's communities so they can support children and empower families.

Increased Accessibility of Services/Activities

Many of California's County Commissions have identified a need for increased accessibility to services for families with young children. A majority of County Commissions were actively addressing service accessibility during 2001/02, through a variety of approaches.

Exhibit 3-8
Systems Change: Commonly Reported Intended Results



To improve access, one common practice was to offer services that met the needs of families' schedules. More than half (63 percent) of County Commissions supported flexible scheduling. Many also invested in developing conveniently located service sites through co-location with other service providers and community-based organizations, or multidisciplinary home-based services (76 percent). About half of County Commissions (52 percent) addressed accessibility in terms of transportation, either through the direct provision of transportation services or through vouchers.

Another way to make services more accessible is to use mobile service units. Several County Commissions have funded vans that travel throughout the county to assist children ages 0-5 and their families. As might be expected, rural County Commissions, which house California's most geographically isolated residents, most commonly use this approach, but families in urban and suburban counties are also benefiting from mobile services with the help of First 5 California funds. Typically, vans are used to provide literacy services. However, a few County Commissions have incorporated other kinds of programs, such as health services, childcare resources and referrals, and early childhood education for children living in rural unincorporated areas.

Mobile Services

GET READY is a mobile van that travels throughout Yolo County each day offering information and services to children and families. A collaborative effort, GET READY includes services from Women, Infants, and Children (WIC), the Children's Health and Disability Prevention program (CHDP), and Healthy Families Outreach. The literacy program, which focuses on nutrition, provides families with recipes, and the Food Bank of Yolo County gives free food samples. The program currently serves families at 25 locations on a monthly basis. This mobile program illustrates how multiple agencies can coordinate to provide services in an integrated way. This is a promising innovation because many mobile services have tended to focus on a single service (e.g., mobile library or mobile health van for vaccinations), while this program is a truly comprehensive mobile program.

Part of project LISTOS ("Ready"), a school readiness project coordinated through the Imperial County Office of Education, is a mobile technology lab housing 11 computer work stations and a toy lending library providing educational books, toys, and videos to caregivers. Bringing computer technology to more remote locations is an innovative feature of this project.

Increased Civic Engagement

First 5 California emphasizes the uniqueness of each county in the state and has required County Commissions to include local community members in identifying the needs to be addressed by funds and to help monitor use of those funds. While strategies for public engagement referred specifically to recipient involvement, County Commissions reported engagement activities as involving service providers and grantees, as well. About half (49 percent) of the County Commissions used methods to increase civic engagement, such as public meetings; community, parent, or professional advisory committees and workgroups; community needs assessments; focus groups; surveys; community engagement processes; and public education. Community-funded grantees, grantee recognition, and grantee forums also were important aspects of engaging community stakeholders in First 5 California activities.

Civic Engagement

The Contra Costa County Commission has an annual \$400,000 community grants initiative that includes Family-Friendly Community Grants (\$5,000 limit) and Ready, Set, Read family literacy grants (\$3,000 limit). This strategy is community driven and community focused. Grants are designed to empower the community to develop and carry out programs that will make a difference in the lives of young children and their families. This initiative promotes civic engagement by requiring community members to work together to provide high-quality programs for local children.

In San Francisco County, Parent ACTION grants provide opportunities for improving collaboration by bringing parents into the governing structures of community-based organizations. For many of the participating parents, grants from First 5 California have greatly increased their standing with their fiscal sponsors and provided them the incentive to increase their involvement with advisory and governance activities.

The Siskiyou County Commission spent its first year developing viable Community Teams in each of 10 communities. One of the fundamental reasons for developing local Community Teams is to involve a variety of individuals, agencies, and services in the county in a common goal of developing programs for children ages 0-5 and their families. Community Teams are encouraged to exchange information and best practices and to build a support system in the county. This process has been more successful in some communities than in others, but all communities have developed a keen awareness of the efficacy of working together and involving a variety of individuals, agencies, and funding sources.

Increased Sustainability of First 5-Funded Programs

Even though First 5 generates a substantial amount of funding for programs for young children and their families, the needs of local communities often exceed the amount of available First 5 California funds. Therefore, County Commissions use strategies to make their funds go farther. Also, by making sure that other agencies have time, material, and financial investments in funded programs, County Commissions may be promoting greater service integration and establishing commitments that may lead to greater program sustainability. In support of these efforts, First 5 California has set up several matching funding programs, totaling \$250 million, that encourage County Commissions to promote local commitment so that programs and systems changes are more likely to be sustained.

One way that many County Commissions have extended their dollars and created greater community investment in programs is through in-kind contributions. About half (52 percent) of the County Commissions reported receiving some type of in-kind contribution from their communities to promote First 5-funded activities. The most common types of in-kind contribution were donated time and meeting space. Some County Commissions received equipment and supplies and waivers of operating expenses.

County Commissions also expanded their resources by leveraging their funding through requesting that some grantees match commission funding. Cash resources also were generated through grants and donations. Nearly half (48 percent) of the County Commissions reported using one of these methods to generate cash resources beyond their First 5 funding. County Commissions used these additional funds for various activities, including the School Readiness Initiative, childcare facilities, childcare provider retention incentives, data systems, program expansion, oral health projects, dental equipment and clinics, asset mapping, children's emergency shelters, centers for homeless and at-risk children, infant childcare centers, family resource centers, operating expenses, activities for foster parents, pediatric asthma and wellness services, home visiting, and educator support programs.

Increased Service Integration

County Commissions have invested significant effort in identifying existing local programs and in promoting service integration and collaboration

among them. The most frequently occurring example of this effort was in signing memoranda of understanding (MOUs) with multiple agencies and groups collaborating to provide integrated services (67 percent). Many County Commissions or their funded programs (59 percent) participated in joint community planning efforts and decisions on revenue maximizations and fund allocations. About half (53 percent) of the County Commissions reported having funded programs that shared centralized resources, such as registries or databases. The pooling of resources and sharing of accountability of outcomes across programs also occurred, but were reported by fewer County Commissions (43 percent and 41 percent, respectively).

Service Integration Efforts

Much of the Contra Costa Children and Families Commission's funding has been carried out through noncompetitive processes that seek to build shared accountability and collaboration among service-providing agencies. Mental-health/special-needs therapeutic services and the home visiting strategy were funded through a process called Meet to Reach Mutual Agreement (MRMA). This process involves both providers and stakeholders engaging in a dialogue on how to best structure services to achieve desired outcomes. The group then submits a detailed plan/application that outlines the program that will be implemented. This funding approach is laying the foundation for systems change and collaboration to take place.

The San Joaquin Children and Families Commission has emphasized the promotion of service integration and collaboration in a number of ways. These include facilitating collaborative opportunities, geographic service mapping, standardizing data to identify gaps and duplications in services, bringing more than 30 agencies together through the Home Visitation Resource Committee, drafting a common client referral and reply form used by all participating agencies, and funding the development of a centralized eligibility list for families seeking subsidized childcare.

Increased Accountability for Results

County Commissions have begun to evaluate the effectiveness of their work and have a number of activities in place to promote accountability for results. First 5 California contracted with SRI International and its partners to conduct a statewide evaluation of First 5 California-funded programs. An early step in the evaluation process involved assessing the match between the proposed statewide evaluation activities and local evaluation activities through surveys on each County Commission's evaluation status and technical assistance needs.

In June 2002, all 58 County Commissions were sent an Evaluation and Technology Survey. These surveys collected information about County Commissions' activities that will support effective evaluation, such as employing external evaluators, collecting information from funded programs in an easy-to-use format, and selecting indicators to measure progress. County Commissions also identified types of assistance that would aid them in their evaluation activities.

Almost all the County Commissions completed these surveys (93 percent completed an evaluation survey and 97 percent completed a technology survey). Data were analyzed for County Commissions overall and for rural and urban/suburban counties separately. A complete report on the survey's findings is available on-line (http://www.prop10evaluation.com/docs/Surveys/Eval_Tech_SurveyResults.pdf). Some of the key findings from the Evaluation and Technology Survey are presented below.

Use of external evaluators. Most County Commissions (76 percent) and all urban/suburban County Commissions expect to use one or more external evaluators, and almost half already have hired them.

Types of program information already being collected from funded programs. Most County Commissions requested that their funded programs submit data on participant demographics (most commonly ethnicity, birth date, and zip code) and services delivered (most commonly type, location, and intensity). Fewer County Commissions collected these data on individual participants. In general, rural County Commissions requested much less information about participant demographics and services than did urban/suburban County Commissions. This difference probably reflects the more limited resources and capacity of many of the programs in the rural counties.

Formats in which information is received from funded programs. The statewide evaluation anticipates that most County Commissions and funded programs eventually will submit data electronically via the Proposition 10 Evaluation Data System (PEDS). As of June 2002, slightly over half of the County Commissions (52 percent of urban/suburban and 61 percent of rural) had received written reports from funded programs. Urban/

suburban County Commissions were far more likely to receive electronic data than rural County Commissions (64 percent versus 15 percent).

Selection of indicators and measures. To support more effective funding decisions, program planning, policies, and public accountability, both local and statewide evaluations need to identify specific indicators to track progress in the four result areas. Most urban/suburban (64 percent) and half of the rural (52 percent) County Commissions have identified specific measures or indicators for their local evaluations. Most commonly, County Commissions (41 percent) have chosen indicators that provide information about program participants, such as pre and post data on health education, child development, and social outcomes. About a third of County Commissions have chosen population-based indicators, such as data from public databases on the entire county. A quarter (26 percent) of the County Commissions are involved in the production of county scorecards, which use population-based data to track progress within and across their communities.

As of June 2002, only 10 percent of the County Commissions had selected school readiness measures. However, nearly half of County Commissions (45 percent) were in the process of developing or selecting school readiness indicators.

Types of assistance requested. The vast majority of County Commissions requested that the statewide evaluation team provide technical assistance for developing new evaluation tools and participating in the statewide evaluation. There were several types of assistance that were of greater interest to rural County Commissions than to urban/suburban County Commissions. These included using data for program refinement (67 percent versus 24 percent), monitoring data quality (45 percent versus 12 percent), helping funded programs define outcomes (52 percent versus 24 percent), producing/augmenting county scorecards (61 percent versus 40 percent), and using PEDS (52 percent versus 32 percent). Two types of assistance in which urban/suburban County Commissions were more interested were addressing barriers to data sharing (64 percent versus 48 percent) and developing resources for evaluation (64 percent versus 48 percent).

Below are examples of evaluation activities of the County Commissions.

Evaluation Activities

The Orange County Commission's performance outcome measurement system is a comprehensive, collaborative effort among the Commission, independent research firms, and grantees. The Commission has implemented an Internet-based data collection and reporting system to track investments, monitor grantees' milestones, and collect information about clients. Using this system, the Commission has begun evaluating key investments to determine results and build on the lessons learned. A confidentiality protocol protects client confidentiality while permitting the collection of information to enhance service planning, delivery, and coordination. The Commission also has assisted its grantees in building a model for successful service delivery by providing financial resources and training and support services related to outcome reporting and program development. The Commission has partnered with various community stakeholders to produce three documents related to its evaluation activities: "Orange County Community Indicators 2002," "The Early Care and Education Needs Assessment for Orange County," and "The 8th Annual Report on the Conditions of Children in Orange County, 2002."

The Santa Barbara County Commission has made significant investments in promoting evaluation and accountability. For example, all funded agencies providing direct services use the Commission's evaluation software system, WIND. WIND enables grantees to record demographic and service data on child, family, provider, and program clients. Once data are entered into WIND, all agency users can submit quarterly and fiscal year-end reports to the Commission electronically. In an effort to monitor, expand, and disseminate countywide indicator information for children ages 0-5 and their families, the Commission partners in the production of the Santa Barbara County Children's Scorecard. The Commission also formed a data development committee, composed of evaluators, Commission staff, Advisory Board members, program representatives, and county agency staff with interest in indicator data, to discuss issues relating to countywide indicators for children ages 0-5. The Commission anticipates that the data development committee will become a mechanism to provide input, recommendations, and policy suggestions to the Commission over the coming years.

COUNTY COMMISSION ACTIVITIES THAT ADDRESS MULTIPLE RESULT AREAS

Most of the preceding discussion describes County Commission activities as fitting into one of the four result areas. It is important to bear in mind, however, that services for children and families often affect multiple result areas. To illustrate this point, we highlight two types of comprehensive

programs, established by several County Commissions in 2001/02, that address all four result areas. These are family resource centers (FRCs) and home visitation programs.

FRCs are community- or school-based centers designed to provide a wide range of programs and services to meet community needs. For example, parents may receive information or services related to their child's development and health, as well as the functioning of the whole family. In 2001/02, County Commissions supported FRCs that addressed such topics as child development and early childhood education, health and nutrition, and childcare, including providing on-site parenting classes and workshops. By coordinating with and providing referrals to other community resources, such as health clinics, schools, and adult education programs, FRCs also can serve a critical role in strengthening local communities' service systems. FRCs also can serve as a forum for parents to connect with teachers, healthcare providers, and other parents. Below is an example of comprehensive FRCs.

Family Resource Centers

In Los Angeles County, the FRC at Elizabeth Learning Center in Cudahy is noted for its efforts to restructure and integrate school and community resources to improve the lives of children and families. The FRC provides healthcare services, including pediatric care, OB-GYN services, well-child checkups, immunizations, and other episodic care. The center also offers mental health services and access to 26 adult education programs that take place days, evenings, and on Saturdays. Other programs for families with young children include Early Family Literacy and multiple parenting and child development programs. Families using the cooperative childcare participate in a mandatory weekly parenting program. This center provides an excellent example of how a program can address the varied needs of families with young children in an integrated and convenient way.

A second practice that can address all four result areas is home visits to parents and families. Three-fourths of County Commissions (76 percent) reported funding home visitation projects in 2001/02. Like FRCs, specialists who conduct home visits can assist families in improving child and maternal health, understanding child development, and strengthening family functioning. Home visiting programs address systems change by increasing service accessibility; families receive individualized programming in a convenient location. In 2001/02, home visiting programs across California addressed critical service gaps, especially for new parents, many of whom received well-baby visits

and pre- and postpartum services. Home visits also have provided an excellent venue for distributing the Kit for New Parents. Services appropriate for all parents of children ages 0-5 (not only pregnant women and parents of newborns) addressed topics such as safety, hygiene, nutrition, and substance abuse prevention.

Below are two examples of innovative home visiting programs that were in effect during 2001/02.

Home Visiting Programs

Many County Commissions are supporting the most innovative home visiting models. These programs address multiple child and family needs in an individualized manner and draw on the available local programs and resources to support families in caring for their young children.

In Alameda County, Family Support Services (FSS) offered comprehensive home-based services, based on validated best practices, to all families of newborns, regardless of income or medical-social risk. During home visits, Hospital Outreach Coordinators assessed infants' immunization and healthcare status and completed referral forms for newborns eligible to enroll in Medi-Cal. Families with multiple stressors, including those with teenage parents, received longer-term and more intensive services. FSS providers had support and consultation from a multidisciplinary team, including substance use counselors, a lactation consultant, and mental health and developmental specialists. In 2001/02 3,107 families enrolled in the program (98 percent of families with newborns). Of those who had home visits, 99 percent also signed consent forms to share information about their experience in the program.

In Mono County, a public health nurse home visiting program is available to families of all newborns. To encourage parents to enroll in the program, nurses distribute a Kit for New Parents, which is customized for the local community to include a digital thermometer, an infant book and toy, and information about stages of infant and toddler development. Nurses talk with families about enhancing child development and model interactive behaviors that enhance parent-child bonding. They also assess for and instruct families in safety, hygiene, nutrition, immunizations, breastfeeding, physical and emotional growth milestones, health deficits, drug and alcohol exposure, and family wellness. Nurses make sure that families have a primary medical provider and health insurance. Families also receive referrals to resources that promote school readiness and appropriate child development. These comprehensive programs ensure that families receive critical information and services for infant development by providing them in the convenience of their homes.

COLLABORATIVE EFFORTS AMONG COUNTIES

Several County Commissions are working across county borders to promote the well-being of California's children. Below are some examples of how their collaborations help extend learning and resources.

In the Central Valley, several County Commissions are collaborating around evaluation. The Results and Performance Evaluation Collaborative includes Fresno, Kern, Madera, Tulare, Kings, and Inyo Counties. The goal of this evaluation partnership is to develop effective evaluation systems, tailored to each member county, while facilitating cross-county comparisons. The evaluation collaborative contracts with two organizations: Applied Research Center (ARC) at Cal State, Bakersfield, and Corporation for Standards and Outcomes (CS&O), a private company representing the Web-based industry sector. ARC provides technical assistance to the commissions on scopes of work, development of performance and result indicators, review of data collection tools and data analysis, and data security. CS&O provides a Web-based data system and technical support.

Four County Commissions in the Sierra Nevada mountains are working together to improve children's oral health. Poor oral health in young children and limited access to dental care emerged as significant health issues in the strategic plans for Lassen, Modoc, Plumas, and Sierra Counties. First 5 California provided the Lassen County Commission with funds to convene a multidisciplinary two-day regional oral health summit for commission members as part of a Regional Children's Oral Health Project.

Foundations are supporting County Commissions to work together on the integration of results-based accountability, inclusive governance, and civic engagement through two initiatives. The Results for Children Initiative (RCI) is a partnership between the Foundation Consortium and the Children and Families Commissions of Kern, Orange, San Diego, and Santa Barbara Counties. The RCI is a two-year project funded by The California Endowment. The purpose of the initiative is to support the four County Children and Families Commissions with the integration of results-based accountability and inclusive governance principles and practices in all their First 5 work, including building of relationships between underrepresented communities and the County Commissions.

The Civic Engagement Project for Children and Families (CEP) is a collaborative project linking five foundations (David and Lucile Packard Foundation, James Irvine Foundation, Miriam and Peter Haas Fund, Peninsula Community Foundation, and Walter and Elise Haas Fund), eight local commissions, and the University of California. Since fall 1999, the project has made funding, technical assistance, and other resources available to the Contra Costa, Monterey, San Diego, San Francisco, San Mateo, Santa Clara, Santa Cruz, and Yolo County Commissions.

SUMMARY

First 5 California has supported County Commissions' efforts through research, technical assistance, and funding. Major supports for County Commissions include the School Readiness Initiative and various forms of financial support to small counties. County Commissions have implemented a broad range of strategies to ensure that their children are ready for school. Even though County Commissions have unique needs and approaches, they share many common issues and have funded promising and innovative programs that may be replicated or adapted for use in other counties. Chapter 4 includes a two-page profile of each County Commission that highlights its unique community characteristics and needs, its key strategies, and some of its promising programs.

CHAPTER 4

COUNTY COMMISSION INDIVIDUAL SUMMARIES

This chapter provides profiles of the individual County Commissions. Each profile gives an overview of the priorities of the County Commission, achievements during 2001/02, and fiscal information, including expenditures in each of the four result areas. The information came primarily from County Commissions' annual reports. Profiles also provide population and ethnicity information from the 2000 Census and live-births information from the State of California Department of Health Services.

In reviewing the profiles, it is important to bear in mind that County Commissions frequently supported programs that addressed multiple result areas. In reporting expenditures by result areas, some County Commissions assigned the same funds to multiple result areas. Therefore, the total expenditures across result areas (shown in the upper right-hand box) may exceed the amount of money actually spent.

The following footnotes appear adjacent to the fiscal information provided on some County Commission profiles:

- (1) Proposition 10 revenues reported by the County Commission in its annual report do not match Proposition 10 disbursement recorded by the State Commission. The amount shown is the disbursement recorded by the State Commission.
- (2) Math errors in summing reported revenues and expenditures have been corrected.

Those wishing to obtain individual County Commission reports in their entirety, as submitted to the State Commission, may request a copy from the State Commission. Additional information about individual County Commissions is posted on the First 5 California Web site (www.cafc.ca.gov), including links to County Commission Web sites.

Financial Audits

All County Commissions submitted audited financial statements to the State Commission. All audits received unqualified opinions.

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Alameda County

Population

Total births (2001)	22,029
0 to 5 population (2000)	98,378

Ethnicity of Children 0-5

African-American	14.6%
Asian	19.8
Latino	29.3
Native American	0.3
White	27.7
All others	8.3

Result Area*

	Expenditures
Systems	\$3,318,945.20
Child Health	\$3,527,040.39
Child Development	\$6,003,313.19
Family Functioning	\$4,055,926.22
Total	\$16,905,225.00

*Excludes encumbrances

Program Summary

With a total population of 1,443,741 in 2000, Alameda County is the seventh most populous county in California and one of the most ethnically diverse regions in the United States. First Five Alameda County's "Every Child Counts" strategic plan targets the three environments where children's lives are most directly affected: at home, in childcare, and in the community. Services include a "universal" home visiting and family support program for newborns and their families; intensive family support services for families with greater needs; the Child Development Corps, a stipend and training program for early childhood educators; the Family Child Care Book and Equipment Fair, a one-day event for family childcare providers; a community grants program that funds innovative community services for children and families; and a mini-grants program. Supporting these efforts is a systems reform agenda focused on creating a comprehensive, integrated system of prevention services for families.

In 2001, the strategic plan was updated to add the following: an expanded, comprehensive set of strategies to improve school readiness in two targeted neighborhoods; a child abuse prevention and early intervention program for low- to moderate-risk families referred from the Social Services child abuse hotline; Cultural Access Service programs that provide language interpretation and translation for families and service providers; an enhanced mentor program for early childhood educators; and the Child Care Fund, which provides loans and grants to enhance childcare facilities, improve the quality of childcare programs, and enhance the business skills of childcare providers.

County Commission Activities

Highlights of major accomplishments for this year include:

At three hospitals, one to three home visits were offered to more than 3,000 families with newborns, regardless of socioeconomic or risk status, under the Family Support Services component; 98% of the families accepted home visits. Up to 10 additional home visits were offered for families with greater needs. Family Support Services focuses on prevention and early identification of families at risk and links families with community resources. All children are assessed on health insurance status and access to a primary care provider. Intensive Family Support Services provided more intensive, long-term services to more than 1,200 families with multiple stressors (low birth weight, pregnant and parenting teens, child abuse and neglect, and significant substance use) with the goal of preventing future involvement with Child Protective Services, the criminal

Fiscal

July 1, 2001 Balance	\$41,313,715
Revenues:	
Prop. 10	\$19,337,122
Other State Prop. 10	\$4,699,751
Non-Prop. 10	\$3,539,725
Interest	<u>\$1,338,481</u>
Total Revenues	\$28,915,079
Expenses/Encumbrances	<u>\$21,403,266</u>
June 30, 2002 Balance	\$48,825,528
Funds Committed	\$8,684,461
Funds for Future Investments and Program Sustainability	\$40,141,067

Audit Findings

The opinion of the independent auditor reflects no material exceptions.

Alameda County Commission
(510) 667-7575

Alameda County

justice system, and other systems. A multidisciplinary team consisting of substance use counselors, a lactation consultant, and mental health and developmental specialists provided consultation and support to all FSS providers.

- £ The Child Development Corps provided stipends totaling \$4,177,650 to more than 1,800 childcare providers to support quality improvement and retain skilled providers in the field. The Child Development Corps is enhanced through contracts with four community colleges and three resource and referral agencies. The first bilingual (Spanish-English) course in Early Childhood Development was offered this year to 54 early childhood educators.
- £ The Child Care Fund provided resources for childcare site expansions and improvements and for business development support to childcare providers. Training on business management and financing was given to 150 providers; childcare slots were increased by 250.
- £ A total of 400 family childcare providers received \$125 in vouchers for books and materials.
- £ The community grants program awarded \$5,022,000 in one- and two-year grants to 57 agencies providing parenting education and support, mental health, health, school readiness, and special-needs services.
- £ First Five Alameda County was awarded a federal grant for \$740,000 to implement Hand in Hand, a home-based school readiness program for children in informal care.
- £ Alameda County has focused many of its efforts on systems integration. Efforts include comprehensive fiscal leveraging, cross-disciplinary training for professionals promoting service integration and best practices, a Web-based cross-agency information system to track services to families, promote quality standards, and generate outcomes (ECChange), the formation of Advisory Committees, and school-county partnerships to coordinate school readiness activities and improve access to health and dental services.

Innovative and Promising Practices

Family Support Services

Family Support Services (FSS) is a relationship-based, family-centered model of home visiting using best practices to serve newborns and families regardless of income or medical-social risk. Intensive Family Support provides more intensive, long-term services to families with multiple stressors. Results from the past two years include an increased proportion of children with health insurance, primary pediatric providers, up-to-date immunizations, and appropriate number of well-child visits.

Early Care and Education

Alameda County's Early Care and Education program established a Child Care Fund with public and private money to provide grants and loans to improve and expand safe and accessible environments for children in childcare. The Child Care Fund is the first in the state to offer business training and technical assistance to childcare providers. Long-range quality improvement plans for 47 child development sites have been developed. Early Care and Education also supports quality improvement and retention for childcare providers. The number of state-awarded Child Development Permits increased by 237%. The Child Development Corps works with community colleges to expand the quality and quantity of college courses (increased by an average of 18%) and to add bilingual courses. Stipends are awarded to childcare providers, which link to the number of units they receive. The Enhanced Mentor Program reaches family childcare providers to enhance their leadership skills and provide support to childcare sites.

School Readiness

An innovative pre-kindergarten six-week summer camp for children with no previous preschool or formal childcare experience was evaluated in partnership with two school districts. Children were assessed with the High/Scope Child Observation Record, and significant gains were demonstrated on all measured developmental outcomes.

Alpine County

Population

Total births (2001)	12
0 to 5 population (2000)	61

Ethnicity of Children 0-5

African-American	1.6%
Asian	0.0
Latino	18.0
Native American	27.9
White	45.9
All others	6.6

Result Area**

Expenditures
Systems
Child Health
Child Development
Family Functioning
Total

**Expenditures not reported by Result Areas

Program Summary

Alpine County covers 465,030 acres of majestic mountain terrain in the Central Sierra Nevada mountain range. Because of the county's rugged landscape, many of its 1,208 residents are physically and emotionally isolated. Alpine County has very limited resources for its residents; for example, the county lacks doctors, dentists, access to infant and toddler care, licensed home care providers, transportation services, and a grocery store. Childcare is limited to two centers and 40 available slots for children ages 3-5. Consequently, Alpine County has very little infrastructure or community capacity to take on projects or offer services. Ethnic issues and long-standing political and economic interests create further barriers to providing needed services for children and families. In response to these circumstances, the Alpine County Children and Families Commission identified the following priorities for Proposition 10 funds: healthcare, childcare, infrastructure, transportation, facilities, and family support programs. Considering the unique challenges faced by the residents and providers in this county, the Commission has demonstrated innovation in its efforts to support and expand existing services, develop new programs, and help reach the often isolated residents of Alpine County.

Fiscal

July 1, 2001 Balance	\$405,892
Revenues:	
Prop. 10	\$11,301
Other State Prop. 10	\$312,071
Non-Prop. 10	\$8,581
Interest	<u>\$16,372</u>
Total Revenues	\$348,325
Expenses/Encumbrances	<u>\$226,516</u>
June 30, 2002 Balance	\$527,701
Funds Committed	\$513,712
Funds for Future Investments and Program Sustainability	\$13,989

County Commission Activities

Highlights of major accomplishments for this year include:

- £ Families' access to healthcare has increased through a public health nurse with expanded hours, a physician who sees children twice a week, basic dental services offered twice a year, and provisions for needed dental treatments that are available only outside of Alpine County.
- £ The Commission awarded mini-grants to enhance the quality of childcare, children's summer programs and activities, family literacy and early learning programs, and "Mommy and Me" programs. The county also now has "Play and Learn" programs for infants and toddlers.
- £ Grant and mini-grant funds are in place to support childcare renovations and start-up and childcare providers, and Head Start and Alpine Children's Center have begun to offer bus service. Collaborations with nearby transportation agencies and counties will also serve the county.
- £ The Commission has provided transitional supplies, equipment, books, and parent information to childcare centers and kindergarten classrooms.

Audit Findings

The opinion of the independent auditor reflects no material exceptions.

Alpine County Commission
(530) 694-1149

Alpine County

- £ To meet needs for facilities for children and families, the Commission formed a partnership with the school district. Funds have been approved and a site chosen for a one-stop service center.
- £ A childcare and parent training coordinator was hired. The Commission formed a partnership with Mono County to hire an early childhood learning specialist.
- £ To raise awareness of First 5, the Commission has provided information in newsletters and at parent and community action meetings. parents can now benefit from early childhood literacy trainings.

Innovative and Promising Practices

Improving Transportation

In 2001, there was no public transportation in Alpine County. By November 2002, Head Start and Alpine Children's Center will offer children bus service to and from preschool, using a "Reserved Transit System". These services will exist largely because of the Commission's partnerships with Douglas County and Nevada Department of Transportation, and the Early Learning Opportunities Grant.

Child and Infant Care

Through the Provider Education, Retention, and Compensation Plan (PERC), the Commission has encouraged local childcare providers to obtain their certificates and continue their education toward a degree. Infant and toddler programs have been funded for a weekly "Play and Learn" program for moms, dads, and babies to play and learn together. Libraries offer early learning and family literacy programs, and the bookmobile has a new program with books for babies and toddlers.

CREATING A COMMUNITY VISION

The Children and Families Commission of Alpine County actively seeks input from local communities in the development and revision of its strategic plan. In August, the Commission sponsored a countywide "Revisioning Day" to discuss the successes and challenges of current programs and the impact on children and families being served. Participants in this event included Alpine County service providers, parents, local government representatives, and other community stakeholders. Grantees and community members came together to hear findings from a community needs survey and to discuss the strengths and problem areas in the county.

Amador County

Population

Total births (1998)	264
0 to 5 population (2000)	1,478

Ethnicity of Children 0-5

African-American	0.1%
Asian	0.9
Latino	13.0
Native American	2.6
White	79.6
All others	3.8

Result Area*

	Expenditures
Systems	\$25,000.00
Child Health	
Child Development	\$78,000.00
Family Functioning	\$13,370.00
Total	\$116,370.00

*Excludes encumbrances

Program Summary

Amador County is located one hour east of Sacramento and San Joaquin Counties. With a population density of 52 persons per square mile, a majority of residents of this 600-square-mile county live in areas distant from community services, with limited access to public transportation. Children and families with the greatest level of socio-economic need tend to live in rural areas several miles from incorporated towns. The Amador County Community Assessment 2000 identified three key areas of need for children and families in the county: (1) availability and affordability of licensed childcare; (2) family violence reduction, especially increased prevention and intervention related to family violence among families with children ages 0-5; and (3) expanded health education opportunities for families with children ages 0-5. In addition to these areas of need, there are specific challenges related to access to family services in Amador County. Mini-grants, leveraging matching state funds for increasing the capacity of childcare providers, and hiring a community legal advocate are some of the ways Amador County First 5 Commission is responding to the needs of families with children ages 0-5.

Fiscal

July 1, 2001 Balance	\$778,507
Revenues:	
Prop. 10	\$248,454
Other State Prop. 10	\$167,824
Non-Prop. 10	
Interest	<u>\$35,238</u>
Total Revenues	\$451,516
Expenses/Encumbrances	<u>\$333,533</u>
June 30, 2002 Balance	\$896,490
Funds Committed	\$895,115
Funds for Future Investments and Program Sustainability	\$1,375

County Commission Activities

Highlights of major accomplishments for this year include:

- £ A partnership with the local collaborative, Voices for Families Alliance, will be the catalyst in establishing two community resource centers in the unincorporated areas of the county.
- £ The Commission sponsored grant-writing workshops with Harvey Chess for childcare providers and the Domestic Violence and Child Abuse Prevention Councils. The First 5 Executive Director participates with such councils to increase capacity within the community and build rapport among local groups and organizations.
- £ The Commission awarded a CARES grant to Childcare Resources/HRC and assisted in the leveraging of matching state funds for the project.
- £ Mini-grants were awarded to daycare providers who were willing to offer extended-hour or weekend daycare. The funds were used to purchase items like bedding and high chairs, to make it feasible for providers to offer these services.

Audit Findings

The opinion of the independent auditor reflects no material exceptions.

Amador County Commission
(209) 257-1092

Amador County

- £ The Amador County Public Health Department provided the Kit for New Parents to new parents in the community. The Baby Welcome Wagon has a bilingual outreach worker who visits each family in the home and addresses questions and concerns.
- £ Requests for applications (RFAs) were written to fund a legal advocate, case coordinator, and safe visitation exchange program to provide services to families with children ages 0-5.
- £ The decision was made for the Commission to become an independent entity from the county. As a result, First 5 staff relocated to another office within the county and hired a new Executive Director.

Innovative and Promising Practices

Childcare Providers Association

To increase the quality and quantity of daycare providers, a grant was awarded to establish a childcare providers' association, called RITES. To date, the association has recruited 13 members. RITES sponsors monthly meetings for providers to share ideas and resources, and mentor new providers. It also has developed a newsletter and has made it possible for all members to access the Internet through donated computers and the purchase of Internet service for those in need. RITES is developing an interactive Web site, where providers may advertise their

services and communicate within the RITES Association. Computer classes, team and self-esteem building, and training in child abuse and domestic violence have been offered to all members. The CARES project has made it possible to encourage the members of the RITES

COORDINATING FOR VIOLENCE PREVENTION

Because of the Commission's commitment to reduce domestic violence within the county, the Executive Director has coordinated extensively with the Child Abuse Prevention Council and the Domestic Violence Council. Accordingly, the councils are kept informed about the Commission's focus on violence reduction. Of particular interest, the Undersheriff was asked to review the request for applications for the legal advocate before it was released. By doing this, the Amador County First 5 Commission established buy-in from the Sheriff's Office and assurance that it was a comprehensive program. The Commission has supported these councils by participating in and coordinating strategic sessions and grant-writing workshops.

Association to increase their knowledge of early childhood education by working closely on multiple projects and utilizing each other's venues. CARES, which is run through Childcare Resources/HRC, provides continuity for the RITES Association membership by including training information and updates within their own newsletters and meetings.

Butte County

Population

Total births (2001)	2,314
0 to 5 population (2000)	11,637

Ethnicity of Children 0-5

African-American	1.8%
Asian	5.1
Latino	20.3
Native American	2.4
White	65.1
All others	5.3

Result Area*

	Expenditures
Systems	\$128,287.22
Child Health	\$271,303.21
Child Development	\$163,224.70
Family Functioning	\$201,813.33
Total	\$764,628.46

*Excludes encumbrances

Program Summary

Butte County is a largely rural county located in the northeastern Sacramento Valley. Historically rich in agriculture, 42% of its one million plus acres of land is farmland. The county is characterized by cultural diversity and offers opportunities for cultural enrichment, recreation, and relaxation in a non-congested rural environment. There are five municipalities in the county, with the remainder of the population (51%) residing in unincorporated land. The Butte County Children and Families Commission's preliminary strategic plan priorities include the following: comprehensive prevention-oriented health care; diagnostic assessments; family-based mental health services; outreach to families; and professional development. Civic Engagement in strategic plan priority setting for future funding awards was initiated and continues to make progress.

Fiscal ⁽¹⁾

July 1, 2001 Balance	\$5,691,011
Revenues:	
Prop. 10	\$2,123,157
Other State Prop. 10	\$670,037
Non-Prop. 10	\$474,750
Interest	<u>\$340,150</u>
Total Revenues	\$3,608,094
Expenses/Encumbrances	<u>\$3,978,011</u>
June 30, 2002 Balance	\$5,321,094
Funds Committed	\$5,327,607
Funds for Future Investments and Program Sustainability	(\$6,513)

County Commission Activities

Highlights of major accomplishments for this year include:

- £ Ten three-year grants, a one-year grant, and 30 mini-grants were implemented. Recently funded three-year and a one-year projects include infant/toddler mental health, home visits for infants and their parents, an immunization registry, overweight prevention and treatment (OPT) for fit kids, childcare center playground renovation, Even Start family literacy, substance abuse prevention and treatment for pregnant mothers, Native American and low-income children's dental program, improved safety for underserved children and their families, and court appointed advocates for children ages 0-5. The majority of the prior fiscal year's funded one-year mini-grant contracts were extended beyond anticipated timeframe and address all four focus areas in the strategic plan.
- £ Early Care Provider Retention Initiative co-funded by California First 5 provided stipends locally to 419 early care and development providers.
- £ School Readiness Initiative also co-funded by California First 5 provided impetus for initial planning activities for five eligible schools.
- £ The Commission co-funded local development of a countywide information and referral system that will eventually tie into the national 211 telephone access information system.
- £ The Commission began its strategic plan prioritizing with assistance from a First 5 Technical Assistance Service Center (TASC) consultant. Considerable effort to include input from community advisory groups has increased local level civic engagement.

Audit Findings

The opinion of the independent auditor reflects no material exceptions.

Butte County Commission
(530) 538-6464

Butte County

Innovative and Promising Practices

Compensation/Retention Initiatives

Project REWARD (Retaining Experienced Workers and Reinforcing Development) is part of the State Commission's matching fund opportunity for compensation/retention incentives for early care and education providers. The Commission uses this initiative as a medium for promoting interagency collaboration. Many local childcare organizations and related agencies in the county are committed to the planning and implementation of this collaborative project. This project addresses the need for increasing the number of qualified providers of early care and education and the need for increasing the level of professional development, retention, and proficiency of childcare providers in Butte County. This exciting project addresses the substantial number of stakeholder voices that ardently expressed the need for increased remuneration for early care providers. Contributing to a stronger workforce ensures quality of early care and education for young children.

COUNTYWIDE NETWORKING

Grantees of recently awarded large projects meet regularly as the Grants Management Council to collaborate, network, and seek resource leveraging for sustainability. Grantees include private for profit, non-profit, and public organizations in their partnering efforts. Innovative practices include sharing information, resources, and fiscal leveraging, which in turn enhance and extend the projects to an even wider population of children and families served. Integration of service delivery is beginning at the project level and the groundwork for future collaborative efforts is developing rapidly. The Butte County Library, one of many examples of Butte County's innovative grantee's partnering, received a first year mini-grant from the Commission to expand their Families for Literacy program. While attending the Grants Council meeting, another partnering organization (Home Health Care Management Inc.) teamed with the library to apply for additional Children & Families Commission funds to enhance the Families for Literacy program even further by purchasing a specially equipped van to serve hard to reach rural families with young children without transportation who are forced to enter school burdened with an underserved disadvantage. The children receive preschool activities and their parents and caregivers receive parenting, health, nutrition and safety, and literacy book services. A third grantee became involved with the proposal and now clients of Grandparents As Parents receive these much needed services, as well. The van has four computer stations and wireless satellite hook-up for Internet service so that parents, caregivers, and children can be introduced to computer skills that are available to preschool children and parents in more fortunate economic circumstances. One key benefit to the vehicle is the opportunity for young children to interact in a group setting. This is especially helpful in rural areas where children may stay at home and arrive at school less socially prepared than their peers. The local Commission funded grant was also supplemented by a federal grant awarded through the California State Library endorsed by the Butte County Board of Supervisors.

Calaveras County

Population

Total births (2001)	323
0 to 5 population (2000)	1,791

Ethnicity of Children 0-5

African-American	0.7%
Asian	0.7
Latino	11.3
Native American	2.4
White	80.2
All others	4.7

Result Area*

	Expenditures
Systems	
Child Health	\$44,270.00
Child Development	\$105,805.00
Family Functioning	\$36,083.00
Total	\$186,158.00

*Excludes encumbrances

Program Summary

Calaveras County, covering approximately 1,000 square miles, is a rural county on the eastern side of California's Central Valley. The population is geographically dispersed and socially, although not ethnically, diverse. Most families in the county, while not falling into the welfare-eligibility category, qualify as the "working poor," with a high need for childcare, family support, and healthcare. Isolation, a lack of decentralized services, and lack of information about available services also contribute to these needs. Services are often underutilized because of lack of community support, outreach, and promotion. Likewise, service integration is often not possible, because of a lack of effective community links across programs, services, and community organizations. Consequently, First 5 Calaveras has established as major foci community capacity building, service integration, and increasing awareness and utilization of services. The Commission also has identified its funding priorities as providing support to new or existing childcare, parent education, and family support and health services.

Fiscal ⁽²⁾

July 1, 2001 Balance	\$840,999
Revenues:	
Prop. 10	\$305,863
Other State Prop. 10	\$185,369
Non-Prop. 10	\$25,000
Interest	<u>\$32,404</u>
Total Revenues	\$548,635
Expenses/Encumbrances	<u>\$338,832</u>
June 30, 2002 Balance	\$1,050,802
Funds Committed	\$893,618
Funds for Future Investments and Program Sustainability	\$157,184

County Commission Activities

Highlights of major accomplishments for this year include:

- £ The Commission completed the yearly request for proposals (RFP) process, awarding six grants totaling \$430,550. The Commission also implemented a mini-grant funding process, which resulted in awards, totaling \$74,538, being made to 18 community groups, programs, and childcare providers.
- £ The First 5 Calaveras Web site, which will house an online resource directory for family services in the county, was developed.
- £ The Commission facilitated a home-visit workgroup, which developed a plan for improved integration of services and a universal home visiting system for newborns, resulting in the funding of a lead agency to implement the plan.
- £ The Commission successfully implemented Calaveras CARES, a childcare retention and education program. This involved convening a collaborative of childcare professionals.
- £ First 5 Calaveras planned and obtained partial funding (a \$25,000 community capacity-building grant from The California Endowment) for a 10-year Master Plan for Children process, which will foster community engagement and assist in community building, as well as promote increased awareness and utilization of services.

Audit Findings

The opinion of the independent auditor reflects no material exceptions.

Calaveras County Commission
(209) 754-1470

Calaveras County

Innovative and Promising Practices

The Calaveras Children's Dental Project

The Calaveras Children's Dental Project has been serving school-age children in the county for several years. Prop. 10 funding has now enabled screening services to be extended to preschool children and dental health education to be provided to parents. To promote this project, two educational sessions for dentists, doctors, and other healthcare professionals were held to increase knowledge and comfort in providing dental services for young children. Through the 18 months of its funding period, this program screened 121 preschool children, provided preventive services to 47 preschool children, and educated 120 parents about dental care for young children.

The Preschool to Kindergarten Bridge Program

The Preschool to Kindergarten Bridge Program provides a two- to three-week pre-kindergarten experience for at-risk children at five schools in Calaveras County. Eligibility is determined on the basis of scores on pre-kindergarten screening instruments, lack of previous preschool experience, or other factors indicating that a child would benefit from this kindergarten transition experience. Results showed that participation strengthened the set of skills necessary for at-risk kindergartners to perform at a level comparable to their peers.

The Integrated Home Visiting System Workgroup

This workgroup was developed and facilitated by First 5 Calaveras to address the needs for integration and collaboration among existing home visiting service providers and for expansion of services to provide a universal home visiting intervention to newborns. As a result of this process, the Commission funded the Human Resources Council to develop further the level of service integration and to implement a new Calaveras Newborn Home Visiting Program.

Creation of a 10-Year Master Plan for Children

The strategic planning process identified as a priority the creation of a master plan that would set a unifying vision for maximizing the well-being of all children and youth in the county. This process has been recognized as an important vehicle through which community capacity-building issues can be addressed. The Commission successfully sought funding from The California Endowment to enable the inclusion of children ages 5-18 in the plan. While having a master plan with a common vision will in itself be valuable, the process of creating the plan will be even more important. The process will provide a means to engage parents and concerned citizens about the future of our community, enhance collaboration among community service providers, and build bridges between many diverse groups (parents, service providers, government, businesses, and even the children and youth themselves).

It will offer a unique opportunity to develop and strengthen a multitude of traditional and nontraditional partnerships within the county. All of these are essential to building capacity in Calaveras communities and achieving true systems change.

HEALTHY COLLABORATION

First 5 Calaveras is encouraging collaboration across programs and agencies. One innovative effort is the Maternal Infant Child Nutrition Project, which is a collaborative partnership between Calaveras County Food Bank and Calaveras Women, Infants, and Children (WIC) program. The project was funded to provide low-income families with vouchers for nutritious fresh fruits and vegetables, which are not included in the WIC food packet or local food pantries. Families receive \$5 monthly vouchers for each infant, child up to age 5, and pregnant woman. Partnerships have been developed with grocery stores in all areas of the county, including the most rural, so that vouchers can be redeemed locally. The program also provides nutrition education classes and individual nutrition counseling.

Colusa County

Population

Total births (2001)	358
0 to 5 population (2000)	1,517

Ethnicity of Children 0-5

African-American	0.4%
Asian	0.7
Latino	64.4
Native American	2.4
White	30.4
All others	1.7

Result Area*

	Expenditures
Systems	\$34,541.04
Child Health	\$35,760.42
Child Development	\$44,540.71
Family Functioning	\$35,890.71
Total	\$150,732.88

*Excludes encumbrances

Program Summary

Located in north central California, Colusa County has a population of approximately 18,800, which fluctuates with the arrival of seasonal migrant farm workers and their families. Much of the land is devoted to agriculture, which is the county's main industry and economic base. Approximately 43 percent of the current population speak little or no English, given a rise in the number of Hispanic/Latino persons in the county. Very few social services exist in Colusa County's private sector; there are no social service nonprofit organizations and no community foundations in the county. Furthermore, a lack of alternative transportation presents a huge barrier for many people who need reliable public transportation in the county. The focus of the Colusa County Children and Families Commission, First 5 Colusa strategic plan is to help children ages 0-5 be the best prepared to enter kindergarten. Consistent with that vision, the Commission planned, approved and implemented eight regular grants and 29 mini-grants for a total of \$489,000. All of these grants were directly related to supporting school readiness.

Fiscal ⁽¹⁾

July 1, 2001 Balance	\$829,237
Revenues:	
Prop. 10	\$315,275
Other State Prop. 10	\$277,468
Non-Prop. 10	
Interest	<u>\$50,477</u>
Total Revenues	\$643,220
Expenses/Encumbrances	<u>\$330,888</u>
June 30, 2002 Balance	\$1,141,569
Funds Committed	\$1,135,599
Funds for Future Investments and Program Sustainability	\$5,970

County Commission Activities

Highlights of major accomplishments for this year include:

- £ Project HUGS (Helping Us Get Started) provides a range of services, including home visits by nurses to pregnant women and first-time parents. Home visits continue until the child reaches two years of age. HUGS also stresses to parents the importance of education and job training. Transit passes are provided to clients for access to care.
- £ A School Readiness Taskforce developed a county school readiness plan and assisted with an application for School Readiness Initiative funding. In addition to \$400,000 School Readiness funding, 34 collaborative partners, including service providers, schools, community representatives, and family members, committed to providing a menu of services and support through a school readiness Family Action Center.
- £ The Family Start program provides environmental assessment of childcare sites to help plan improvements to support school readiness programming. It also provides in-home support for parents and childcare providers who are participating in training programs.
- £ CARES offers training for childcare providers supported by stipend incentives. The Commission partners with Children's Services for delivery of training funded by First 5 Colusa and State Commission matching funds.

Audit Findings

The opinion of the independent auditor reflects no material exceptions.

Colusa County Commission
(530) 473-3927

Colusa County

- £ The Colusa County Library “Book Buggy” made regular visits to in-home daycare and preschool facilities in isolated rural communities to promote family literacy and to distribute books to children ages 0-5. Books were made available to encourage home libraries and reading to children at home.
- £ The Kit for New Parents was promoted through local media and collaboration of eight distribution partners. Kits were incorporated in three home visiting programs and distributed by Indian Health Agencies, HUGS, and Family Start, and displayed at libraries and schools. Local resource guides were included in the Kits.
- £ The Child Abuse Prevention Council was funded to provide child assault prevention training.
- £ Community outreach efforts included a public outreach and media event, “Celebrating Success”; a “Come and Play Event”; and a “Celebrate America, Help One Child at a Time” information exhibit booth at the Colusa County Fair. The Commission also provides translation into Spanish via the “Whisper System” at all Advisory Council meetings and trainings to increase public engagement of Spanish-speaking residents.

Innovative and Promising Practices

Coordinated Home Visits

The HUGS program has consistently been the most effective grant-funded program in 2001-2002. Projected to serve 25 families, HUGS served 37 families and 111 family members. HUGS has collaborated closely with the Family Start home visiting program to prevent duplication of services, so that together the programs can serve a maximum number of families. Both HUGS and Family Start are focused on home visiting and are using the Kit for New Parents as their curriculum. On-site visits that incorporate the Kit support its use and effectiveness.

Local Library Initiative

The Colusa County Library partnered with two neighboring counties to fund and implement an innovative learning lab. Supported by First 5 California and the State Library, the “Book Buggy” project allows the Commission to promote literacy among families in the rural and isolated areas of the county. The highly visible “Book Buggy” provides

books to children ages 0-5 and their families, encouraging parents to build home libraries and to read to their children.

CENTRALIZED AND ACCESSIBLE SERVICES

Given barriers of inadequate public transportation and a limited number of service providers in most communities in Colusa County, many families lack access to services and are limited to emergency services only. With these barriers in mind, the Commission is working to bring local Family Action Centers to communities. The first Family Action Center, in Arbuckle, will help bring an array of services to the community through a collaborative memorandum of understanding with county social services, mental health, and 11 other support agencies. The center will collaborate with a menu of partners to provide service integration at the center. Transportation is included in the Family Action Center budget, so that all families can access services delivered from the Arbuckle site. The Family Action Center is linked with local schools and is focused on providing the State Commission’s five “Essential and Coordinated Elements” of the School Readiness Initiative related to helping children be ready to enter kindergarten.

Contra Costa County

Population

Total births (2001)	13,126
0 to 5 population (2000)	66,128

Ethnicity of Children 0-5

African-American	10.1%
Asian	8.9
Latino	28.0
Native American	0.3
White	45.1
All others	7.6

Result Area*

	Expenditures
Systems	\$90,572.90
Child Health	\$415,821.60
Child Development	\$3,171,837.00
Family Functioning	\$1,008,660.50
Total	\$4,686,892.00

*Excludes encumbrances

Program Summary

Contra Costa County is a diverse Bay Area county, consisting of urban, suburban, and rural areas. As the ethnic diversity of the county continues to grow, there are distinct concentrations of ethnic groups in areas of the east, west, and central county regions. The county is known for its innovative approaches to improving services for children and families. The work of First 5 Contra Costa emphasizes long-term systems change in specific geographic locations and is designed for high impact through improvement and development of systems. The Commission has allocated over \$10 million to more than 130 organizations in Contra Costa County in an initial first phase of funding. Primary strategy areas for the Commission's work address substance abuse, mental health/special needs, family resource learning centers, home visiting, and early childhood education. Other funded strategies include information and referral services, community grants, tobacco education, parent education, and distribution of the Kit for New Parents.

Fiscal ⁽¹⁾

July 1, 2001 Balance	\$27,842,291
Revenues:	
Prop. 10	\$11,844,894
Other State Prop. 10	\$1,856,131
Non-Prop. 10	\$23,600
Interest	<u>\$732,983</u>
Total Revenues	\$14,457,607
Expenses/Encumbrances	<u>\$7,095,611</u>
June 30, 2002 Balance	\$35,204,287
Funds Committed	\$1,646,287
Funds for Future Investments and Program Sustainability	\$33,558,000

County Commission Activities

Highlights of major accomplishments for this year include:

- £ A new residential substance abuse program was created to provide pregnant and parenting women with timely, high-quality treatment and provide mental health services for their children.
- £ Hundreds of childcare providers have received scholarships, safety and infant equipment, and training to help them better care for infants and toddlers and for children with disabilities and other special needs.
- £ Four licensed childcare centers have received facility expansion grants up to \$30,000 to adapt their programs to better care for children with disabilities and other special needs.
- £ More than 150 childcare providers have received mental health consultation for children they observe exhibiting behavior or emotional problems, and more have received training on this topic.
- £ The Commission allocated funding to the Birth to Six Collaborative and children's mental health programs to expand early childhood and mental health therapeutic services.
- £ Hundreds of parents of children with disabilities and other special needs have attended parent education programs and newly created support groups or participated in parent peer training programs.

Audit Findings

The opinion of the independent auditor reflects no material exceptions.

Contra Costa County Commission
(925) 335-9991

Contra Costa County

- £ To promote literacy projects that encourage adults to read to young children, the Commission awarded Ready, Set, Read family literacy grants to 50 family childcare providers, community-based organizations, and library branches.
- £ Fifty-eight groups have received Family-Friendly Community Grants to conduct local projects that benefit children up to age 5 and their families.
- £ Funding was allocated to expand and coordinate home visiting programs for first-time and multiple-risk expectant parents and families with children birth to age 3 living in specific geographic areas.
- £ The Kit for New Parents was distributed to more than 4,100 expectant and new parents.
- £ An online information and referral database focused on services for children 0-5 was developed.
- £ The pilot Professional Development Program (PDP) for early childhood educators has provided more than 1,070 financial incentives.

Innovative and Promising Practices

Community Grants

Annually, the Commission has a \$400,000 community grants initiative that includes Family-Friendly Community Grants (\$5,000 limit) and Ready, Set, Read family literacy grants (\$3,000 limit). This strategy is community driven and community focused. Grants are about empowering the community to develop and carry out programs that will make a difference in the lives of young children and their families, based on results they want to achieve.

Childcare Solutions Program

This program was developed through a series of dialogues with early childhood mental health and special-needs providers. With systems integration as its goal, mental health specialists work with childcare providers who work with children with mental health issues, disabilities, and other special needs. Specialists coach the providers about different actions and behaviors to use in the childcare setting. This program shows that one-to-one coaching, consultation, and skill building increase the ability of childcare providers to offer high-quality care.

COLLABORATION BY NONCOMPETITIVE FUNDING

Much of the First 5 Contra Costa's funding has been carried out through noncompetitive processes that seek to build shared accountability and collaboration among service-providing agencies. Mental health/special-needs therapeutic services and the home visiting strategy were funded through a process called Meet to Reach Mutual Agreement (MRMA). This process involves both providers and stakeholders engaging in a dialogue on how to best structure services to achieve the Commission's desired outcomes. The group then submits a detailed plan/application outlining the program that will be implemented. This funding approach lays the foundation for systems change and collaboration to take place.

El Dorado County

Population

Total births (2001)	1,698
0 to 5 population (2000)	8,946

Ethnicity of Children 0-5

African-American	0.5%
Asian	2.0
Latino	17.2
Native American	0.9
White	75.0
All others	4.4

Result Area*

	Expenditures
Systems	
Child Health	
Child Development	\$177,600.00
Family Functioning	\$23,400.00
Total	\$201,000.00

*Excludes encumbrances

Program Summary

El Dorado County covers approximately 1,800 square miles extending from El Dorado Hills to the foothills and the South Lake Tahoe Basin. Approximately 50 percent of the land in the county consists of national forests, parks, and recreation use areas. Tourism, logging, wine fields, and the apple industry serve as major employers. Communities near the southern end of the county have a high number of residents who commute to the Sacramento and Central Valleys for employment. In isolated parts of the county, service delivery is difficult and expensive; public transportation is extremely limited, and considerable driving time is needed to transport families to more populated areas for specialized services. First 5 El Dorado Children & Families Commission has processed more than 200 applications and funded more than 90 grants, a major accomplishment for a small, rural county. In 2001-2002, the Commission funded an additional nine multi-year direct service grants (over \$25,000), for a total of 28 direct service grants and 28 one-year mini-grants (one time only and under \$25,000), for a total of 62 mini-grants, approving funding for 24 agencies and organizations. Funded projects and programs reflect local community needs and the diversity of the county's families. The Commission actively encourages partnering among agencies and organizations that deliver services. Funding has provided upgrades and additional capacity for childcare, support of family resource centers, increased mental health services, training opportunities for childcare providers, upgraded home visitation programs, support to programs that serve children with disabilities and other special needs, and participation in State Commission initiatives, such as CARES and School Readiness.

Fiscal

July 1, 2001 Balance	\$2,972,043
Revenues:	
Prop. 10	\$1,540,609
Other State Prop. 10	\$338,810
Non-Prop. 10	\$0
Interest	<u>\$105,209</u>
Total Revenues	\$1,984,629
Expenses/Encumbrances	<u>\$2,911,050</u>
June 30, 2002 Balance	\$2,045,622
Funds Committed	\$1,587,717
Funds for Future Investments and Program Sustainability	\$457,905

County Commission Activities

Highlights of major accomplishments for this year include:

- £ Community input to refining the request for proposal (RFP) process for Commission funding.
- £ Public hearings on the fiscal audit and State Commission priorities.
- £ Completing the School Readiness Initiative application and establishing task force groups to identify School Readiness initiatives.
- £ Supporting the development of family resource centers in two locations in the county.
- £ Expanding the CARES initiative, which included exempt providers.
- £ Programs for counseling and parenting skills for expectant teen parents, and health screenings for infants and toddlers.

Audit Findings

The opinion of the independent auditor reflects no material exceptions.

El Dorado County Commission
(530) 672-8298
or 1-800-719-9941

El Dorado County

- £ Funded programs providing training to childcare providers working with children who are at risk or who have disabilities or other special needs.
- £ Mini-grants and direct service grants to provide upgrades for playground equipment and funds for supplies, assessment materials, accreditation, and increased capacity for infants and toddlers.
- £ Supporting programs to provide mental health services to the prenatal and birth to age 5 population.
- £ Home visitation providing services to approximately 125-150 expectant parents.
- £ A distribution plan for the Kit for New Parents. As a result, the South Lake Tahoe Family Resource Center distributes Kits that include a health component in Spanish.
- £ An Accreditation Forum for childcare providers.
- £ Completion of the Community Services Directory.
- £ Several small business-type programs applied for funding using a procedure developed specifically for small communities.
- £ A quarterly reporting partnership session for funded grantees to share ideas and resources.
- £ The annual dinner to recognize the grantees funded by the Commission.
- £ Technical assistance to 67 grantees through negotiated contracts.
- £ Hiring a program coordinator and a school readiness coordinator, and establishing a committee structure.

Innovative and Promising Practices

Promoting Collaboration

During the past year, the Commission has developed a matrix to foster collaboration, establish sustainability plans for funded programs, and encourage new groups to organize. This process is designed to encourage programs, organizations, and other entities to do matched funding and develop initiatives to combine several funding sources.

Community Resources

Several agencies suggested the need for a community resource guide. The Commission completed the publication and distribution of this Guide, which lists more than 300 agencies/service organizations in the county. Approximately 4,000 of the 5,000 copies made have been distributed.

FORMALIZED COLLABORATION AMONG GRANTEES

The Commission established a plan to enhance community collaboration. Phase I, implemented during 2001-2002, established quarterly collaboration meetings of all funded agencies. In addition to ensuring that duplication of services is limited, these required sessions promote sharing of ideas and resources and establish common areas of interest, which will lead to developing multidisciplinary services. Phase II will encourage agencies and programs to evaluate the cost of services, ensure that services are maximized, blend funding on a regular basis, and encourage the development of new agencies or organizations to meet newly established local community needs.

Fresno County

Population

Total births (2001)	14,290
0 to 5 population (2000)	67,827

Ethnicity of Children 0-5

African-American	5.5%
Asian	7.6
Latino	58.2
Native American	0.6
White	24.3
All others	3.8

Result Area*

	Expenditures
Systems	\$2,475,508.74
Child Health	\$900,116.44
Child Development	\$1,126,503.63
Family Functioning	\$839,317.57
Total	\$5,341,446.38

*Excludes encumbrances

Program Summary

Fresno County, one of the largest Central Valley counties, is an emerging metropolitan center with a cultural mix of more than 90 nationalities. Many Fresno County families live in substandard conditions with low economic profiles. First 5 Fresno County held several public forums to identify local needs, which include a lack of childcare, especially in rural areas; lack of accessible transportation; and lack of information and resources available in languages other than English. Efforts in the last year have been concentrated on hiring staff, updating the strategic plan, planning and developing new and restructured funding approaches and strategies, and developing and implementing a comprehensive evaluation system. Although the Commission did not begin implementation of the new funding structure during this past year, it did release a \$5-million request for proposal (RFP) that covered all the areas in the strategic plan. The primary focus of the RFP was to get services to the geographically isolated children in Fresno County. Priority was given to providers serving children in rural areas, who were awarded \$4 million.

Fiscal

July 1, 2001 Balance	\$35,935,774
Revenues:	
Prop. 10	\$13,193,514
Other State Prop. 10	\$1,644,395
Non-Prop. 10	\$277
Interest	<u>\$1,378,234</u>
Total Revenues	\$16,216,420
Expenses/Encumbrances	<u>\$6,914,616</u>
June 30, 2002 Balance	\$45,237,578
Funds Committed	\$36,895,631
Funds for Future Investments and Program Sustainability	\$8,341,947

County Commission Activities

Highlights of accomplishments for this year include:

- £ Three schools participated in Phase 1 of the School Readiness Initiative. The county has more than 75 eligible schools.
- £ The Commission released a \$5-million RFP covering all areas in the strategic plan. Priority is given to providers serving children in the rural areas of Fresno County.
- £ By restructuring its funding approach, the Commission now provides support to programs through three primary funding approaches: Community-Developed Initiatives, Commission-Developed Initiatives, and Special Initiatives. These approaches are aimed at empowering the community to initiate and develop innovative solutions, and they also allow the Commission flexibility in proactively addressing identified priority areas.
- £ Commission staff grew from 5 to 11, including hiring an individual from the early childhood area to run the School Readiness Initiative.
- £ The Commission developed and implemented a comprehensive evaluation system at the provider and Commission-wide levels, and engaged evaluation contractors, the Applied Research Center

Audit Findings

The opinion of the independent auditor reflects no material exceptions.

Fresno County Commission
(559) 241-6515

Fresno County

and the Corporation for Standards and Outcomes, to assist in the evaluation. The Commission joined an evaluation collaborative headed up by the Kern County Children and Families Commission.

- £ Extensive training opportunities have been provided to assist service providers in being able to utilize the nationally recognized system for quality care (OCERS) system being implemented.

Innovative and Promising Practices

Spirit of Women of California, Inc. – Spirit of Children Program

The Spirit of Women program serves substance-abusing mothers in a day treatment setting by incorporating mental health support concurrent with substance abuse treatment. Funding from the Commission allowed the project to hire more trained early child education staff and mental health interns. Integrating a cultural focus throughout, the program includes the following services: learning activities in the daycare center, mental health services, individual and group therapy for children ages 3-5 years, monthly screenings, a parenting group and a children's group, smoking cessation classes, and a breastfeeding class. The program supports the social-emotional bonding process between women and their children, often resulting in more rapid reunification and reduced levels of disruption within families.

Small World Preschool

The Small World Preschool project benefited from a three-year grant to enable children from low-income families to attend preschool as preparation for kindergarten. The program also seeks to help Hispanic and Southeast Asian aides become licensed preschool teachers. The grant provides financial aid to children to attend, as well as funding educational resources. Two Aide/Cultural Ambassadors were employed, one Hispanic and one Southeast Asian, as well as a Hispanic instructor. The staff is growing rapidly in its understanding of working effectively in an intercultural environment and dealing with broad family issues. This year, the two aides will become licensed childcare providers. Cash and in-kind contributions from a variety of community sources matched and exceeded the value of the grant. A fund-raising campaign resulted in the enrollment of 30 children. The consortium is now considering using the Small World experience as the foundation for developing a comprehensive family center program.

Glenn County

Population

Total births (2001)	406
0 to 5 population (2000)	1,992

Ethnicity of Children 0-5

African-American	0.4%
Asian	3.7
Latino	46.9
Native American	1.9
White	44.5
All others	2.6

Result Area*

	Expenditures
Systems	\$284,877.00
Child Health	\$169,934.00
Child Development	
Family Functioning	\$247,254.00
Total	\$702,065.00

*Excludes encumbrances

Program Summary

Located approximately 95 miles north of Sacramento, Glenn County sits in the middle of the northern end of California's agriculturally rich Central Valley. Glenn County is typical of many rural counties, primarily made up of small farms and very few incorporated areas. The county, which has seen a decline in birth rates since 1994, is growing at a slower pace than most other California counties. The Glenn County Children and Families Commission's funding priorities are that Glenn County families have access to appropriate, affordable, high-quality childcare; that every family is self-reliant and earning a living wage; that caregivers are prepared and supported as they fulfill their roles in developing healthy, happy, resilient, and well-adjusted children; that children are ensured of entering school with the best possible physical and mental health; and that the service delivery system is available, accessible, consumer driven, and consumer focused. Glenn County's children come from many diverse backgrounds and circumstances, and the Commission has been careful to develop intervention strategies that are culturally and linguistically sensitive, comprehensive in their consideration of socioeconomic and special-needs populations, and, above all, needs driven. In 2001-2002, the Commission funded three programs and hired an Executive Director to oversee implementation of the strategic plan.

Fiscal

July 1, 2001 Balance	\$1,075,667
Revenues:	
Prop. 10	\$363,272
Other State Prop. 10	\$229,162
Non-Prop. 10	
Interest	\$49,499
Total Revenues	\$641,933
Expenses/Encumbrances	\$387,528
June 30, 2002 Balance	\$1,330,072
Funds Committed	\$750,663
Funds for Future Investments and Program Sustainability	\$579,409

County Commission Activities

Highlights of accomplishments for this year include:

- £ The Glenn Adult Program (GAP), administered by the Glenn County Department of Education, provided more than 38 families with high-quality, on-site day care in conjunction with adult education classes. Families for Literacy sessions served 20 families.
- £ The Commission began work on the development of the KIDS referral system. This collaboration between the North Valley Parent Education Network (PEN) and the Children and Family Division of the Glenn County Department of Education (Head Start) will link children suspected of emotional disability and their families with home visitation, assessment, and service planning.
- £ The Quality Childcare Incentive Improvement Plan funded 48 childcare providers, enhancing family access to appropriate, affordable, high-quality childcare.

Audit Findings

The opinion of the independent auditor reflects no material exceptions.

Glenn County Commission
(530) 934-6885

Glenn County

- £ The Commission has partnered with the Local Planning Council, which consists of childcare center owners, the director of Glenn County Department of Education's Children and Family Services Division, Head Start programs, Human Resource Agency of Glenn County, clergy, educators, and consumers of services. Through this partnership, a Child Care Provider's Recruitment and Retention Program has been funded with matching State Commission support.
- £ The Commission implemented a system using memoranda of understanding (MOUs) to promote better collaboration among partners participating in the KIDS program.

Innovative and Promising Practices

Families for Literacy Program

Children's staff from each library meet weekly with families to model reading techniques for parents, discuss parent involvement strategies, and lead crafts and other activities related to the book being read. The program adds to families' home libraries by providing at least one high-quality age-appropriate book, and the opportunity to participate in Reading Is Fundamental (RIF) book selections. One of the most promising aspects of this program is the staff's dedication to working collaboratively with other agencies to increase referrals and gain better visibility throughout the county. This included meeting with staff from the Head Start program and holding an open house for social workers from the Human Resource Agency. This kind of outreach supports the Commission's desire to see grantees develop partnerships with other agencies to provide broader and more responsive services to families.

Using the Media to Promote Services

The wide promotion of Glenn County's services through local media has begun to produce a groundswell of interest among community

leaders, service providers, and families in services for the age 0-5 population.

The five participating organizations have also learned about each other's services, leading to an increase of cross-referrals.

SERVICE INTEGRATION FOR HEALTHIER CHILDREN AND FAMILIES

The low population density, agricultural lifestyle, and low levels of formal education of Glenn County residents present unique challenges to service accessibility. The Glenn County Children and Families Commission has made a substantial investment in the mental well-being of children with the KIDS program. This program is creating an efficient referral system for the early identification and treatment of emotional difficulties that detract from school readiness.

Humboldt County

Population

Total births (2001)	1,500
0 to 5 population (2000)	7,125

Ethnicity of Children 0-5

African-American	1.1%
Asian	2.0
Latino	13.3
Native American	8.6
White	67.8
All others	7.2

Result Area*

	Expenditures
Systems	
Child Health	\$401,988.16
Child Development	\$383,228.37
Family Functioning	\$433,717.60
Total	\$1,218,934.13

*Excludes encumbrances

Program Summary

Humboldt County is one of California's most rural and isolated counties, with a population density of approximately 35 persons per square mile. During the past fiscal year, the Humboldt County Children and Families Commission funded 44 grants to communities for activities and projects benefiting pregnant women and children from birth to age 5, and their families. The strategic plan reflects the Commission's full commitment to helping build healthy families in healthy communities. After almost a year of planning and preparation, the Commission approved funding for family resource center planning grants in six diverse Humboldt County communities. The Commission also funded incentives for childcare/early education providers, 18 mini-grants, 12 Special Projects, and several Flexible Response Projects that respond to an emerging community need. The Commission is committed also to supporting training for childcare providers to increase their cultural competency.

Fiscal

July 1, 2001 Balance	\$3,910,824
Revenues:	
Prop. 10	\$1,366,501
Other State Prop. 10	\$301,907
Non-Prop. 10	\$133,181
Interest	<u>\$270,932</u>
Total Revenues	\$2,072,522
Expenses/Encumbrances	<u>\$1,011,032</u>
June 30, 2002 Balance	\$4,972,314
Funds Committed	\$2,799,070
Funds for Future Investments and Program Sustainability	\$2,173,244

County Commission Activities

Highlights of major accomplishments for this year include:

- £ Family resource center (FRC) planning grants were awarded to six communities. The Commission is initiating a process that will enable the FRC planning sites to map their communities' assets and link the communities through a computer network allowing them to share and access information.
- £ The Commission was awarded its first round of monetary incentives from Matching Funds for Retention Incentives for Early Care and Education Providers for training and retaining childcare staff.
- £ The Commission awarded 18 mini-grants of \$2,000 or less to fund a variety of activities, programs, and services, including a nutrition marketing campaign, low-cost events for parents and children, inservices and workshops for young children, programs to improve the quality of childcare centers, printing costs for a newsletter and local parenting magazine, car seat booster seats for Head Start, and literacy activities for young children.
- £ The Commission awarded \$25,000 or less for 12 Special Projects. These included activities for American Indian parents and children, a food stamp access project, enhancement of a Warmline to

Audit Findings

The opinion of the independent auditor reflects no material exceptions.

Humboldt County Commission
(707) 445-7389

Humboldt County

provide specialized information, programs for kindergarten readiness, protocol development for sexual assault examinations, a program to provide dental equipment for young children, enhancement of facilities and programs for childcare, and counseling and other services for mothers.

- £ The Commission identified and supports Flexible Response Projects, which are projects that respond to an emerging community need. These projects included supporting the licensing of a teen parent center, providing funding to create and furnish a Children's Space in the Multiple Assistance Center, supporting the Infant/Preschool/Family Mental Health Initiative and Health Linkages Project, development of a comprehensive training manual on keeping very young children safe from abuse and violence, printing cost for a Methamphetamine Fact Book, and funding to improve dental health services.

Innovative and Promising Practices

Service Integration and Collaboration for Family Resource Centers

The Commission continues to work on increasing service integration and collaboration in the county. This includes its collaboration with "Strategies" staff who work with the Commission and County Department of Health and Human Services (DHHS) to provide technical assistance, particularly in training county liaisons from the DHHS (Health, Mental Health, and Social Services) to work with the family resource center planning communities. The Commission has also established a new partnership with Northcoast Children's Services around providing training opportunities for staff of family resource center planning communities. The first training occurred in the summer, and planning is occurring to determine ongoing support.

Asset-Based Community Development

The Commission is also continuing its work and partnership around asset-based community development. A team of representatives

from the Commission, Training and Development Alliance, Humboldt Community Network, Humboldt Area Foundation, Humboldt State University, and the Human Services Cabinet meet with a consultant from Act Locally to determine the next steps in implementing in

TRAINING AND PLANNING FOR FAMILY RESOURCE CENTERS

Through several partnerships, the Commission has provided extensive training opportunities to six grantees of family resource center (FRC) planning grants. For example, the planning communities received core training from Strategies, who also worked with DHHS to identify and train county liaisons to work with the planning sites. Through the auspices of the Commission and other partners, John McKnight presented a keynote address and two full-day workshops on asset-based community development. FRC planning community teams also attended a four-day workshop sponsored by Northcoast Children's Services Head Start/Early Head Start to gain skills and understanding about working with families and to develop relationships with early childhood educators and case managers.

Humboldt County the asset-based accountability framework developed by John McKnight.

Imperial County

Population

Total births (2001)	2,597
0 to 5 population (2000)	10,902

Ethnicity of Children 0-5

African-American	1.4%
Asian	1.5
Latino	82.8
Native American	1.4
White	11.7
All others	1.2

Result Area*

	Expenditures
Systems	\$735,578.12
Child Health	\$374,744.30
Child Development	\$978,274.10
Family Functioning	\$446,350.56
Total	\$2,534,947.08

*Excludes encumbrances

Program Summary

Imperial County is a rural area in the southeastern most region of California. The geographic landscape consists of a fertile desert valley that is defined by the area's largest industry: agriculture. More than 72 percent of the population are Hispanic, and language is a barrier to services for many residents. Imperial County has the highest percentage of migrant farmworker families in the state. Thirty-three percent of children ages 0-5 live in conditions of poverty; a large number of these children are Hispanic and belong to farmworker families. The Imperial County Children & Families First Commission supports the following program development and funding priorities: increased training for childcare providers and caregivers; the development of an association for at-home family childcare providers; increased efforts to target and train exempt childcare providers; comprehensive case management services; prevention and intervention strategies that focus on individual family needs; and the coordination of in-home family literacy activities. In 2001-2002, the Commission awarded 16 contracts.

Fiscal

July 1, 2001 Balance	\$5,969,755
Revenues:	
Prop. 10	\$2,318,913
Other State Prop. 10	\$132,963
Non-Prop. 10	\$0
Interest	<u>\$226,545</u>
Total Revenues	\$2,678,421
Expenses/Encumbrances	<u>\$2,862,877</u>
June 30, 2002 Balance	\$5,785,298
Funds Committed	\$4,010,487
Funds for Future Investments and Program Sustainability	\$1,774,811

County Commission Activities

Highlights of major accomplishments for this year include:

- £ The Literacy and Mobile Book Service provided literacy information dissemination through a 32-foot Literacy and Mobile Book Services (LAMBS) unit, which traveled throughout the county. The program presented 950 "storytime" sessions, circulated 558 books to childcare centers/homes and 218 books to parents and children, and gave away 3,091 books to children ages 2-5 years and their parents.
- £ Various breastfeeding and prenatal education, support, and home visitation programs were conducted through the Clinicas de Salud del Pueblo (local clinic), the March of Dimes Birth Defects Foundation, and the El Centro Regional Medical Center (hospital). The Comenzando Bien program, implemented by the March of Dimes Birth Defects Foundation, delivered extensive training to 16 facilitators and aired 12 radio programs. Nine hundred thirty-five postpartum mothers received individual information sessions and lactation consultation. Lactation consultants from the El Centro Regional Medical Center delivered the information in a culturally appropriate and linguistically sound manner.

Audit Findings

The opinion of the independent auditor reflects no material exceptions.

Imperial County Commission
(760) 482-4474

Imperial County

- £ The start-up of a residential home provided support for children ages 0-5 who are victims of child abuse. Also, service expansion to an existing receiving home significantly increased the number of children and families receiving advocacy services from the juvenile court system.
- £ An innovative asthma project that included home visitation and case management was developed for families who have children ages 0-5 who have been diagnosed with asthma.
- £ Training and professional development were offered to center-based, family, and exempt childcare providers, resulting in a family childcare association and the development of a family childcare/development curriculum—"Watch Me Grow"—in English and Spanish.

Innovative and Promising Practices

Multi-Service Support

Project LISTOS ("Ready"), coordinated through the Imperial County Office of Education, is a multifaceted program that offers extensive services to children ages 0-5, their families, and caregivers. Highlights of the project include a mobile learning lab, housing 11 computer work stations; a toy lending library providing educational books, toys, and videos to caregivers; Kids Care sessions and follow-up presented to students and teachers for the purpose of supporting emotional development; development of videos with immunization and nutrition information; and surveys assessing childcare providers/caregivers to gain a better understanding of issues in local childcare and development. Project LISTOS staff offered outreach services to 156 parents, 3,693 children ages 0-5, 409 family childcare providers, 94 teachers, and 78 exempt care providers. The School Readiness Coordinator for Project LISTOS was involved in several meetings with administrators and faculty members of target schools to focus on a plan for improving school readiness for children transitioning into pre-kindergarten and kindergarten programs.

IMPROVING OUTREACH TO FARMWORKER FAMILIES

One of the Commission's most valuable components of service integration was the involvement of Promotoras-Fuerza Campesina, an organization of women who come from farmworker backgrounds and are continually involved in the education, health, and well-being of farmworkers and their families. Several grantees worked closely with this organization to effectively reach children ages 0-5 and their families, especially those families who are often marginalized from the dominant culture. These Promotoras were responsible for much of the home visitation project proposed by grantees. Agencies that worked with the Promotoras include: The Burn Institute; El Centro Regional Medical Center; Clinicas de Salud del Pueblo - WIC Program; Neighborhood House of Calexico; KUBO Radio Bilingue; the Brawley Public Library; and the March of Dimes Birth Defects Foundation.

Inyo County

Population

Total births (2001)	180
0 to 5 population (2000)	961

Ethnicity of Children 0-5

African-American	0.1%
Asian	0.7
Latino	28.4
Native American	12.6
White	52.3
All others	5.9

Result Area*

	Expenditures
Systems	\$91,423.40
Child Health	
Child Development	\$152,621.50
Family Functioning	
Total	\$244,044.90

*Excludes encumbrances

Program Summary

Inyo County is a rural, geographically isolated county located on the east side of the Sierra Nevada mountain range, between the mountains and the California-Nevada border. The primary economic base comes from tourism and service industries, although the government sector is the largest employer, accounting for 33 percent of all jobs in 1998. Distance and weather conditions can pose a significant barrier for families needing to access services. There is a need for childcare expansion and quality enhancement, especially in isolated communities, some of which have no established childcare centers or homes. Accordingly, First 5 Inyo County identified two funding priorities for its first round of funding in April 2001: community advocates, and childcare expansion and enhancement. Current Commission activities are directly addressing a number of county issues, including availability and quality of childcare, community capacity building needs, a growing income gap, parent education, social isolation, and the need to obtain an accurate picture of the needs of Inyo County families.

Fiscal ⁽²⁾

July 1, 2001 Balance	\$468,156
Revenues:	
Prop. 10	\$178,811
Other State Prop. 10	\$184,037
Non-Prop. 10	
Interest	<u>\$18,017</u>
Total Revenues	\$380,865
Expenses/Encumbrances	<u>\$332,207</u>
June 30, 2002 Balance	\$516,814
Funds Committed	\$350,844
Funds for Future Investments and Program Sustainability	\$165,970

County Commission Activities

Highlights of major accomplishments for this year include:

- £ Commission-funded programs, which were in the planning and recruitment stages during 2000-2001, recruited staff, developed their program plans fully, and were able to launch their programs successfully in 2001-2002.
- £ Project REACH (Resources, Education, Advocacy, Community, Health) was funded to address several needs, including community capacity building, parent education, social isolation, service integration, and gaps in information. The Kit for New Parents was distributed solely from this effort.
- £ The Commission began work with a Technical Assistance Service Center (TASC) consultant and other community partners to conduct a comprehensive community needs assessment, including a countywide assessment of informal assets and resources. One of its grantees, Project REACH, assisted in conducting this assessment.
- £ The Commission established the State Commission's initiative for Retention Incentives for Early Care and Education Providers as a program priority, partnering with the Local Child Care Planning Council to implement a local Professional Development Program (PDP).

Audit Findings

The opinion of the independent auditor reflects no material exceptions.

Inyo County Commission
(760) 872-4245

Inyo County

- £ The Commission hosted a countywide meeting of Inyo County agencies and The California Endowment to expand awareness of funding options for local service providers. A grant to a partner organization in Tecopa to develop a family resource center resulted from this interaction.
- £ The Commission formalized a mini-grant funding process. This included partnering with the Local Child Care Planning Council to conduct outreach and recruitment to all formal and informal childcare professionals in the county.
- £ The Commission developed a resource library/center with other health and human service programs.
- £ The Commission joined the Children and Families Evaluation Collaborative (consisting of six County Commissions), which contracts with the Corporation for Standards and Outcomes and Applied Research Center for evaluation services to achieve their mutual goals.

Innovative and Promising Practices

Project REACH (Resources, Education, Advocacy, Community, Health)

Project REACH funds community advocates to provide outreach and referral services to Inyo County families with young children. This project is designed to promote the healthy development of children ages 0-5 and their families through a continuum of services, including home visits to distribute the Kit for New Parents, assess family needs, and make referrals to community resources. The program works at a grassroots level to develop the capacity of individual communities by identifying local “partners” who help communities to identify, plan, and create activities that will meet specific community needs. Nine in-community partners were recruited, three of whom are bilingual. These partners have reached almost one-third of the population of children ages 0-5 in Inyo County.

Heart to Hand Family Resource Center

Heart to Hand Family Resource Center serves families of children with disabilities and other special needs from birth to age 3. This year, with funds received from the Commission, the center expanded its services to include three- to five-year-old children, offering much needed continuity of support for their families. On-site resources include a resource library for parents and training in Individualized Education Plans (IEPs) and advocacy. Center staff also coordinated outings and events for children and families (these were not limited to those having disabilities and other special needs). The family resource center also coordinates with other agencies to ensure that families receive appropriate referrals. Importantly, Heart to Hand Family Resource Center also facilitates opportunities for parents to support each other in various ways, such as assisting with filling out forms and visiting school sites to learn about special education options.

Southern Inyo Child Care Education Program

This program addressed a need to promote safety and well-being of children ages 0-5 in the care of nonprofessional babysitters or family members. A majority (80 percent) of teens surveyed at the local schools reported that they participated in casual childcare of siblings, other relatives, or neighbors. Through a cooperative agreement with Independence and Lone Pine Schools, this program incorporated information about different aspects of childcare, including safety, health dangers of smoking and second-hand smoke, emergency response, age-appropriate activities, literacy, and emotion management.

Kern County

Population

Total births (2001)	11,723
0 to 5 population (2000)	55,707

Ethnicity of Children 0-5

African-American	5.7%
Asian	2.5
Latino	53.7
Native American	0.7
White	34.2
All others	3.2

Result Area*

	Expenditures
Systems	\$2,662,403.00
Child Health	\$1,491,048.67
Child Development	\$2,359,923.89
Family Functioning	\$2,800,916.35
Total	\$9,314,291.91

*Excludes encumbrances

Program Summary

Kern County is the third-largest county in California, covering approximately 8,200 square miles. The boundaries embrace urban centers and suburban cities, as well as rural and remote communities. The challenges Kern County faces in dealing with many public health and social problems lie in the geographic makeup of the county. The large area alone presents a myriad of difficulties related to transportation, access to medical services and childcare, and isolation of families. Resources are limited, especially in some rural areas. Because of the cultural diversity of Kern County, language barriers are a common concern in attempting to provide adequate services to families in many of the areas. Since the Kern County Children and Families Commission's inception, more than \$30 million has been allocated to fund 82 individual programs and projects sponsored by 68 diverse organizations, large and small, public and private.

Fiscal

July 1, 2001 Balance	\$25,159,120
Revenues:	
Prop. 10	\$10,707,082
Other State Prop. 10	\$279,794
Non-Prop. 10	
Interest	<u>\$1,054,645</u>
Total Revenues	\$12,041,521
Expenses/Encumbrances	<u>\$11,083,496</u>
June 30, 2002 Balance	\$26,117,145
Funds Committed	\$16,429,500
Funds for Future Investments and Program Sustainability	\$9,687,645

County Commission Activities

Highlights of major accomplishments for this year include:

- £ Revision and approval of its Strategic Plan for Early Childhood Development in September 2002. The most significant change to the strategic plan was the addition of an Early Screening and Assessment Initiative. While the Commission's goals and objectives will continue to address the needs of all children ages 0-5, there is a special focus on prevention and early intervention for children ages 0-3 and for women during pregnancy. The revised plan suggests that the bulk of future Proposition 10 funding be invested in a three- to five-year initiative to ensure all children ages 0-3 receive early health and development screening and assessment and have access to a medical and dental home.
- £ Participation in the School Readiness Initiative in four school districts (12 schools total).
- £ In the last year, the Commission conducted a preliminary economic impact study to determine the direct and possible indirect impacts of Proposition 10 funding in Kern County. The report identified direct impacts on employment, the construction industry and its suppliers, and the overall health of community members.
- £ The Commission continues to play a leadership role at the state level. Kern County is a founding member of the California Children and Families Association (CCAFA), and the Commission's Executive Director serves on the Executive Committee as the Secretary-Treasurer. Kern is also a

Audit Findings

The opinion of the independent auditor reflects no material exceptions.

Kern County Commission
(661) 328-8888

Kern County

founding member of the California Children and Families Foundation, and the Commission Executive Director also serves on the Board of Directors as Treasurer. Both organizations were established to promote, support, and improve the health and development of children from prenatal to five years of age through the implementation of the California Children and Families Act of 1998.

- £ Expansion of the Children and Families Evaluation Collaborative (six counties). The Commission contracted with California State University Bakersfield's Applied Research Center (ARC) and the Corporation for Standards and Outcomes (CS&O) to work with other counties to develop a common evaluation system.

Programs expanded:

- £ Funded the expansion of the Bakersfield Homeless Center (Bethany Services), which will more than double the number of children ages 0-5 sheltered annually.
- £ The Dental Component of the Kern County Department of Public Health, through the Child Health and Disability Prevention program, provides preventive and restorative dental care for children ages 1-5 in Kern County. Proposition 10 funds have been used to provide initial treatment, recall treatment, oral health education, and prescriptions. Since the first year of Proposition 10 funding, the program has served 667 children. The program will expand to accommodate 1,000 more children in the coming year.
- £ The Court Appointed Special Advocate (CASA) program served an increasing number of children ages 0-5 involved in dependency proceedings. CASA is committed to providing children a voice in court through the use of highly trained volunteers. Since November 2000, 81 children ages 0-5 have received services from a CASA volunteer.

Innovative and Promising Practices

Services for Homeless Children

The Bakersfield Homeless Center (BHC) is a private, nonprofit, community-based charitable organization that received Commission funding to achieve the following objectives: (1) expand, renovate, and equip existing BHC classroom; (2) subcontract with a qualified, experienced agency to establish a full-time licensed on-site childcare center; (3) extend supervised play and recreational and social activities to cover evenings and weekends; and (4) implement an age-appropriate nutrition program. BHC family counselors and case managers will coordinate assessments and linkages with the subcontractor's childcare staff.

Oral Health

The Kern County Department of Public Health Dental Component program was established in November 2000 to provide preventive and restorative dental care for children ages 1-5 in the county. The program assists families who do not have dental insurance. Proposition 10 funds have been used to provide initial treatment,

recall treatment, oral health education, and prescriptions. Since its first year of funding, the program has served 667 children and provided referrals to dentists who have contracted to provide services to this population.

EAST KERN COLLABORATIVE

Recognizing the importance of developing healthful eating habits to prevent birth defects, the East Kern Collaborative secured funding from the March of Dimes to offer "Creative Cooking Parties" in homes of members of the Mojave Desert community, in particular, to women of childbearing age. The program includes pre- and post-assessments and follow-up visits conducted by the program specialist, to ensure that participants are following through with what they learned.

Kings County

Population

Total births (2001)	2,134
0 to 5 population (2000)	10,437

Ethnicity of Children 0-5

African-American	5.1%
Asian	2.4
Latino	56.7
Native American	1.4
White	30.0
All others	4.4

Result Area*

	Expenditures
Systems	\$691,990.00
Child Health	\$60,000.00
Child Development	\$224,076.00
Family Functioning	\$20,000.00
Total	\$996,066.00

*Excludes encumbrances

Program Summary

Kings County is centrally located in the San Joaquin Valley of Central California, encompassing an area of 1,390 square miles. A rural community with only four incorporated cities, Kings County ranks 12th among the 58 California counties and 16th among the nation's counties in agricultural production. A common concern among the county's low-income, largely farm working families is the need for more training of local citizens to become leaders capable of performing well in community organizations. In response to this concern, First 5 Kings County Children and Families Commission's top priorities are development of capacity in the local community and building capacity into local agencies and communities geared toward improved systems. Other major funding priorities are school readiness, childcare expansion and quality improvement, child health, and planning for and providing the initial capital costs for a family resource center (FRC). In 2001-2002, the Commission approved funding for projects focused on a range of strategies to reach the goals set out in the strategic plan.

Fiscal

July 1, 2001 Balance	\$4,270,939
Revenues:	
Prop. 10	\$2,022,460
Other State Prop. 10	\$320,022
Non-Prop. 10	\$975
Interest	<u>\$211,451</u>
Total Revenues	\$2,554,907
Expenses/Encumbrances	<u>\$1,486,486</u>
June 30, 2002 Balance	\$5,339,360
Funds Committed	\$5,336,109
Funds for Future Investments and Program Sustainability	\$3,251

County Commission Activities

Highlights of major accomplishments for this year include:

- £ Two new childcare centers were opened, and an existing center was expanded to include infant care.
- £ The Commission awarded nine grants for the planning of integrated services and development of family resource centers.
- £ The Commission began the process of establishing a new nonprofit agency, Family NetworKings, to assist newly formed family resource centers.
- £ Several other grants focused on providing:
 - o Holistic health and safety audits of the homes of children ages 0-5.
 - o Enhanced nutrition by giving healthful snacks to four- and five-year-olds and nutrition education to their parents.
 - o Funding for a mobile unit for the local Child Care Resource and Referral agency that would offer resources and training to childcare providers in rural areas.
 - o Enhanced child and family literacy by increasing the public library's educational materials and its stock of Spanish reading material.

Audit Findings

The opinion of the independent auditor reflects no material exceptions.

Kings County Commission
(559) 585-0814

Kings County

- £ The Commission launched a customized version of the Kit for New Parents to provide pregnant women and new mothers with parenting information.
- £ The Commission revised the strategic plan and developed a 10-year financial plan. The Commission also revised the Family Resource Center Initiative and developed the Child Care Quality Enhancement Through Accreditation Initiative.
- £ The Commission is collaborating with five Central Valley counties in the implementation of an outcome tracking system and evaluation program. Contracts with the Applied Research Center of the California State University, Bakersfield, and with the Corporation for Standards and Outcomes (CS&O) are in place to assist with the implementation and support of an online Web-based data entry and reporting service for providers.

Innovative and Promising Practices

Environmental Health and Safety

In a community where many children reside in substandard housing, the Healthy Homes for Children program of the Kings County Health Department Division of Environmental Health Services provides holistic health and safety assessments of homes and yards. The program targets lead, mold, and other allergens; prevention of fires, carbon monoxide poisoning, and drowning; and injury prevention, including auto and gun safety. Soon after starting, the popular program's services required 30-day advance booking. In the first year of operation, the project team visited 300 homes, serving 533 children ages 0-5, and educating and referring 1,819 other family members and 27 paid caregivers.

Childcare Accreditation

The First 5 California Child Care Quality Enhancement Through Accreditation Initiative and Transportation Project of the Kings County Office of Education seek to enhance the quality of local childcare by provider participation in the process of accreditation through the National Association for the Education of Young Children (NAEYC). The providers participate in a joint assessment of their facility and practices, together with project managers from the California Association for the Education of Young Children (CAEYC) and the First 5 California Child Care Quality Enhancement Through Accreditation Initiative to identify areas of weakness and to work on continual improvement. Together, the project managers have attracted 100 providers into the process.

COUNTY CAPACITY BUILDING

The key strategy of the Commission's plan is the development of community family resource centers to promote service integration and collaboration of all services for children and families. During 2001-2002, nine family resource center planning grants were funded to begin planning and developing community capacity, interest, and support for the project. To support capacity development and help ensure success, training was offered to agencies and community members on topics such as community development, planning, sustainability, board development, early child development, results-based accountability, and grant writing.

Lake County

Population		Ethnicity of Children 0-5		Result Area**	Expenditures
Total births (2001)	609	African-American	1.7%	Systems	
0 to 5 population (2000)	3,074	Asian	0.5	Child Health	
		Latino	22.0	Child Development	
		Native American	3.9	Family Functioning	
		White	67.4	Total	
		All others	4.5	**Expenditures not reported by Result Areas	

Program Summary

Lake County, population 55,300, is a rural agricultural community that is about 110 miles north of San Francisco Bay, 70 miles east of the Pacific coast, and 110 miles west of Sacramento. Most residents live in small towns that rim Clear Lake or are nestled in the mountains. Clear Lake, a major contributor to the area's natural beauty, creates significant transportation challenges, since it is nearly an all-day event to get to and from the lake's opposite shores. Only 44 percent of the county's families live at a level of economic self-sufficiency. The isolation and poor economic conditions are linked to a lack of education, healthcare, family stability, and other well-being measures, all of which affect the work of the Lake County Commission on Children & Families. The Commission's funding priorities include school readiness, filling gaps in health services, building a family resource center infrastructure, and developing an interlinked service delivery system. For its newly funded projects, the Commission strongly emphasizes creating partnerships that develop infrastructure, build capacity, and strive to sustain effective programs over time. To this end, the Commission funds six major projects and mini-grants.

Fiscal

July 1, 2001 Balance	N/A
Revenues:	
Prop. 10	\$544,907
Other State Prop. 10	\$258,954
Non-Prop. 10	N/A
Interest	N/A
Total Revenues	N/A
Expenses/Encumbrances	N/A
June 30, 2002 Balance	N/A
Funds Committed	N/A
Funds for Future Investments and Program Sustainability	N/A

County Commission Activities

Highlights of major accomplishments for this year include:

- £ The Commission funded a family resource center that co-locates 10 partners in the most populated area of the county.
- £ The Commission funded a project that helps family childcare providers identify and more optimally nurture the development of children with disabilities and other special needs.
- £ The Commission increased the capacity of a drug abuse alternative center to offer intensive intervention for recovering mothers with small children and pregnant women. This included hiring a therapist to work with both mothers and children and the implementation of a comprehensive smoking cessation program at the center.
- £ The Commission supported the Native American population to recruit childcare providers and foster parents on the rancherias, and to provide cultural sensitivity training to the community.
- £ The Commission awarded training stipends and incentives to childcare providers. Likewise, mini-grants were awarded to assist childcare providers with funding for materials and improvements.
- £ Mini-grants were also awarded for needed transportation to services for the population of children ages 0-5 and to support parent education.

Audit Findings

The opinion of the independent auditor reflects no material exceptions.

Lake County Commission
(707) 263-6169

Lake County

Innovative and Promising Practices

Family Resource Center

The family resource center (FRC) grantee has established a workgroup for all agencies involved with parent education to define best practices and effective curriculum strategies. These are being incorporated into countywide parent education efforts, encouraging curricula consistency and focus. The FRC has also hired a nurse to develop greater capacity for community-based prenatal care and preventive services for children. The nurse is a resource for all the entities represented at the center that spearheads the distribution of the Kit for New Parents and is an especially effective complement to Women, Infants, and Children (WIC) and home visitation services.

The Drug Abuse Alternative Center

The therapist at the Drug Abuse Alternative Center (DAAC) has been integral in enhancing service integration and the level of treatment. She provides individual therapy for women and children, parent education, and group counseling. She also trains childcare providers and center staff in theories and techniques of treatment, thereby unifying program components and promoting consistent application of key principles. DAAC also took the courageous step of

adopting a no-smoking policy at its day treatment campus, and it encourages women to make a commitment to reduce or stop their tobacco use. The smoking cessation classes include education and counseling, as well as medical aids, such as the nicotine patch. Forty percent of the women who made a commitment to stop smoking did so.

COLLABORATING TO PROVIDE CULTURALLY SENSITIVE CHILDCARE

The Lake County Commission awarded funding to North Coast Opportunities (NCO) to provide trainings and incentives to enhance the quality of childcare in the local community. Robinson Rancheria was awarded a mini-grant to identify potential childcare providers on the rancherias and to assist them with the licensure process. These two grantees developed a new collaboration to address the issue of culturally sensitive childcare for the Native American population. When obstacles for background clearance became evident, NCO offered to work with Robinson Rancheria in exploring their options. The rationale for this project is to create easy training access for home daycare providers and to assist them and the parents of the children in their care with accurately assessing young children, using the Ages & Stages Questionnaire, as a means to educate both providers and parents regarding healthy child development. Children with obvious disabilities and other special needs are generally identified early, but those with less apparent needs may be missed. This project was designed to catch more subtle needs early and to follow up with parents and providers on ways to encourage and support healthy development, as well as to provide general information regarding appropriate expectations regarding early development.

Lassen County

Population

Total births (2001)	243
0 to 5 population (2000)	1,679

Ethnicity of Children 0-5

African-American	1.2%
Asian	0.5
Latino	15.4
Native American	4.2
White	73.4
All others	5.3

Result Area*

	Expenditures
Systems	\$490,000.00
Child Health	\$144,500.00
Child Development	\$139,303.00
Family Functioning	\$125,000.00
Total	\$898,803.00

*Excludes encumbrances

Program Summary

Tucked away in the northeastern corner of California, Lassen County is home to approximately 34,000 residents. Approximately 70 percent of the county's population is White, 13.8 percent Hispanic, and 9 percent African American. The county is richly vested in natural resources, which support its primary dollar-volume activities of lumber production, agriculture, and recreation/tourism. The Lassen County Children and Families Commission identified four primary goals: (1) to improve the overall health of children aged prenatal to five years, (2) to empower communities to make positive differences in their own community, (3) to educate parents on issues related to early childhood development and available children and family services and programs, and (4) to facilitate public and private partnerships to integrate and augment childcare and early childhood development services. The funded projects focus on strengthening and building program infrastructure and capacity.

Fiscal ⁽¹⁾

July 1, 2001 Balance	\$754,201
Revenues:	
Prop. 10	\$267,277
Other State Prop. 10	\$368,233
Non-Prop. 10	
Interest	<u>\$41,904</u>
Total Revenues	\$677,414
Expenses/Encumbrances	<u>\$1,051,640</u>
June 30, 2002 Balance	\$379,975
Funds Committed	\$241,904
Funds for Future Investments and Program Sustainability	\$138,071

County Commission Activities

Highlights of major accomplishments for this year include:

- £ A mini-grant program, awarding funding of up to \$10,000 for projects focusing on upgrading equipment at preschools, daycare programs, as well as training and capacity-building activities for early care and education providers.
- £ Establishment of the Family Resource Center/School Readiness Project in strategic locations throughout Lassen County to address the greatest number of children's needs.
- £ The AmeriCorps Home Visiting Project has allowed the local Commission to move forward with the creation of a much-needed home visitation program.
- £ Children's oral health is Lassen County's highest priority. In collaboration with Sierra, Plumas, and Modoc Counties, the Commission is developing a multi-county strategic plan for addressing children's oral health. The goal is to build local capacity among existing oral health providers to provide prevention and education services to preschool children and their families.
- £ The CARES project has been a tremendous incentive for childcare providers to upgrade their childcare skills. Currently, 62 childcare providers are enrolled in the program. Trainings address children's mental and oral health.
- £ Two hundred eighty-five Kits for New Parents were distributed by several partners.

Audit Findings

The opinion of the independent auditor reflects no material exceptions.

Lassen County Commission
(530) 257-9600

Lassen County

Innovative and Promising Practices

Regional Children's Oral Health Project

This project brings together three counties (Lassen, Sierra, and Modoc) for collaborative development of strategies that address the oral health crisis of young children in the region. Prevention, education, and capacity building have been the primary areas of focus.

Family Resource Center/School Readiness Project

The family resource center (FRC) concept, using the principles and best practices of Family Support America (formerly the Family Resource Coalition of America), serves as the platform for implementing the School Readiness Initiative. This service delivery model provides the nucleus for a collaborative, community-driven service delivery system.

AmeriCorps Home Visiting Project

The AmeriCorps Pilot Project, with the cooperation of the local Public Health Department, has allowed the Commission to move forward with the creation of a much-needed home visitation program. This project, to be housed within the system of family resource centers, will provide a variety of school readiness services to families with young children.

CARES PATROL

The CARES project provides incentives for licensed childcare providers to upgrade their skills. The Commission has used the CARES Patrol (modeled after the "Publishers Clearing House" mobile prize patrol) to award stipends and to recognize the accomplishments of the many dedicated providers. In this way, the program promotes the recognition and celebration of the champions of childcare.

Los Angeles County

Population

Total births (2001)	153,523
0 to 5 population (2000)	737,631

Ethnicity of Children 0-5

African-American	8.8%
Asian	7.9
Latino	61.3
Native American	0.2
White	18.1
All others	3.7

Result Area*

	Expenditures
Systems	\$8,568,610.00
Child Health	\$2,717,381.00
Child Development	\$9,606,739.00
Family Functioning	\$11,611.00
Total	\$20,904,341.00

*Excludes encumbrances

Program Summary

Los Angeles County is primarily an urban county, spanning 4,081 square miles. Containing 88 cities, Los Angeles County has a population of 9,637,494 (January 2002). The children of Los Angeles County represent diverse cultural, socioeconomic, and developmental groups. Given this diversity, the Los Angeles County Children and Families First Proposition 10 Commission sought to focus on five outcome areas that encompass universal needs that cut across geographic, ethnic, and social boundaries:

- (1) School Readiness – children are prepared to enter kindergarten.
- (2) Good Health – children are born healthy and grow up healthy.
- (3) Safety and Survival – Children are safe and secure in their homes and communities.
- (4) Economic Well-Being - Children live in families with adequate economic resources to meet their needs.
- (5) Social and Emotional Well-Being – Children are valued and nurtured by their families and communities.

In 2001-2002, the Commission established funding priorities in three areas: (1) to fund programs, projects, services, and activities that focus on one or more of the Commission's indicators (percentage of low-birth-weight babies, incidence/prevalence of disease and disability, incidence of family violence, third-grade reading scores) and result in increased school readiness; (2) to improve systems coordination and responsiveness, including engaging in strategies around capacity building, such as technical assistance and training; and (3) to improve the quality and usefulness of data collected about children and families.

Fiscal ⁽¹⁾

July 1, 2001 Balance	\$416,117,671
Revenues:	
Prop. 10	\$146,958,165
Other State Prop. 10	\$1,486,966
Non-Prop. 10	
Interest	<u>\$15,705,615</u>
Total Revenues	\$164,150,746
Expenses/Encumbrances	<u>\$32,155,717</u>
June 30, 2002 Balance	\$548,112,700
Funds Committed	\$548,112,701
Funds for Future Investments and Program Sustainability	

County Commission Activities

Highlights of major accomplishments for this year include:

- £ Warm Line. Launched a year-round, 24-hour telephone help line and Web site that provide information, referral, and support to expectant parents and caregivers of young children.
- £ Family Literacy. Support high-quality family literacy programs and promote the programmatic capacity of family literacy providers.
- £ Healthy Births Planning Partnership. Address the causes of poor birth outcomes by funding community-based programs and strategies that promote healthy births in the county.

Audit Findings

The opinion of the independent auditor reflects no material exceptions.

Los Angeles County Commission
(213) 482-5902

Los Angeles County

- £ Breastfeeding Planning Project. Completed assessment of the systemic reasons women are unable to initiate or sustain breastfeeding, and provided strategies for promoting breastfeeding in the county.
- £ Child Abuse Prevention Initiative. Examine the current child welfare system and identify gaps in access to services. A consultant will recommend strategies for promoting systems collaborations that support child abuse prevention.
- £ New Schools, Better Neighborhoods. Develop facilities and programs among collaboratives composed of schools, libraries, and parks receiving recent bond financing.
- £ Universal Access to Preschool and Early Care. Planning a five-year initiative that will increase children's access to preschool.
- £ Healthy Kids Initiative. Planning an initiative that will provide health insurance coverage to children ages 0-5 living at up to 300 percent of the federal poverty level.
- £ Child Care Quality Enhancement. Implemented program to meet the need for high-quality, accessible, and available childcare in Los Angeles County.
- £ Home Visitation Expansion. Expand home visitation services for children ages 0-5.
- £ Enhancing Childcare and Early Learning Opportunities, Large and Small Grants. Implemented to increase access to training and education for childcare providers and teachers.

Innovative and Promising Practices

The Los Angeles Educational Partnership (LAEP) School Readiness Project

This project uses home visitation, playgroups, and workshops to prepare children for school by (1) working with 220 children to ensure that they are healthy and have the skills necessary to succeed in school; (2) working with 170-260 families to understand child development and promote learning at home and at school; and (3) building community awareness around the importance of early childhood learning. To implement the project, the program hired

and trained 12 paraprofessionals who represent the communities they serve and who are ethnically matched to each family. These community paraprofessionals (1) teach early learning skills, especially literacy, to their peers; and (2) bring knowledge about age-appropriate developmental practices and information about access to health services to parents/caregivers in their homes. To provide additional support, LAEP created a neighborhood office where community paraprofessionals can access books,

learning materials, and toys for use during their home visits with families. The overwhelmingly positive response from the community and schools has led to a waiting list of 42 families. Equally unexpected and exciting is the effect of intensive training and development of the community paraprofessionals. For many paraprofessionals, this is their first paid employment. Thus far, two individuals have moved to full-time jobs in similar positions, enabling them to support their families better. Others have increased their self-confidence to the degree that they now work as volunteers in local schools, providing yet another level of support to young children in Los Angeles County.

SERVICE INTEGRATION AND COLLABORATION

The Los Angeles County Children and Families First Proposition 10 Commission collaborates with a number of organizations in an effort to redefine the nature of service systems and the institutional relationships required to support children and their families. The Commission is currently involved in five collaborative programmatic and research efforts with various institutions, including the Children's Planning Council Community Engagement Partnership and the Los Angeles Family and Neighborhood Research Partnership. These collaborations improve system coordination and responsiveness through effective community partnerships, communication and information technology, the use of common data collection and/or tracking systems, and policies and procedures that facilitate geographically accessible, comprehensive, linked, compatible service delivery systems. They have established and enhanced linkages among policy-makers, grantees, service providers, and the community at large to support advocacy and improved service delivery. These collaborations also work to improve the quality, availability, and usefulness of data collected about children and families in Los Angeles County and the programs, projects, and services that support them.

Madera County

Population

Total births (2001)	2,187
0 to 5 population (2000)	9,443

Ethnicity of Children 0-5

African-American	2.0%
Asian	1.0
Latino	65.2
Native American	1.0
White	27.6
All others	3.2

Result Area*

	Expenditures
Systems	\$211,389.00
Child Health	\$147,231.00
Child Development	\$332,815.00
Family Functioning	\$528,734.00
Total	\$1,220,169.00

*Excludes encumbrances

Program Summary

Madera County's major industry is agriculture, and, according to *Children Now 2000*, it is the fastest-growing county in California, a situation that has certainly been compounded by the rising wave of immigrants from Mexico who are settling in the county. Madera and Chowchilla, the only incorporated cities in the county, are home to 44 percent of the county's population. The remaining 56 percent of the population are dispersed throughout the unincorporated and, in many cases, isolated areas. In the Madera County Children and Families Commission initial needs assessment, service providers and parents identified three priority barriers to serving and caring for children ages 0-5: lack of knowledge, system/agency fragmentation, and geographic/cultural isolation. The Commission has worked to identify and fund projects targeting some of the highest needs. Funding priorities include infrastructure enhancement,

service integration, and collaboration, as well as addressing the needs of underserved populations. Community-developed initiatives and a series of mini-grants have been funded in the past year while the Commission evaluation team develops a comprehensive evaluation system. The evaluation system includes a hierarchical logic model of program objectives linked to strategic plan goals and objectives. Also included is the implementation of an online data collection, tracking, and reporting system at the grantee and county levels.

Fiscal

July 1, 2001 Balance	\$4,742,479
Revenues:	
Prop. 10	\$1,842,706
Other State Prop. 10	\$314,774
Non-Prop. 10	\$149
Interest	<u>\$273,290</u>
Total Revenues	\$2,430,919
Expenses/Encumbrances	<u>\$3,239,584</u>
June 30, 2002 Balance	\$3,933,814
Funds Committed	\$3,157,926
Funds for Future Investments and Program Sustainability	\$775,888

County Commission Activities

Highlights of major accomplishments for this year include:

- £ Under the Commission-developed initiatives, the Commission has made a commitment to the development of a network of family resource centers throughout the county to promote systems and infrastructure improvements. The Commission awarded 12 general grants and 11 mini-grants during this past year through the Community Developed Initiatives program. The Commission also initiated and funded four Special Projects/Initiatives during this past fiscal year.
- £ The Commission leveraged \$1,000,000 in State Commission funding for the implementation of a comprehensive school readiness system for three of the seven eligible schools in Madera County.
- £ The Commission developed education and outreach strategies, including:
 - o Distribution of the Kit for New Parents through a broad variety of channels, including the only birthing hospital in the county, OB-GYN, midwives, parent nurturing programs, school readiness, etc.

Audit Findings

The opinion of the independent auditor reflects no material exceptions.

Madera County Commission
(559) 661-5155

Madera County

- Literacy campaigns with the distribution of literacy materials at fairs and other local community events.
- Mass distribution of user-friendly resource guides for parents and providers.
- £ The Commission joined the Central Valley Evaluation Collaborative for the development of a comprehensive evaluation program at the grantee and countywide levels designed by CS&O and Applied Research Center (ARC). This includes the implementation of OCERS, a centralized online data collection, tracking, and reporting system. Currently, the evaluation team is working on a hierarchy logic that links the program objectives to the Commission's strategic plan goals and objectives.

Innovative and Promising Practices

The Medical Social Worker Program

The Medical Social Worker Program at the Madera Community Hospital assesses the needs of every child born in Madera County. This project is the primary point for distribution of the Kit for New Parents, and mothers who reside in the attendance areas of the three targeted School Readiness sites are referred to School Readiness Family Advocates, who link the families to schools and other supports. This project is truly developing a universal screening, referral, and follow-up system for all new babies in Madera County.

The Parent Nurturing/Parent Leadership Program

The Parent Nurturing/Parent Leadership Program is a community-based parent education program designed to enhance parent nurturing skills; promote positive and healthy parent-child interaction, as well as leadership capacity and management skills; build meaningful relationships; and ultimately develop community leadership skills. Many of the sessions are offered at school sites and faith-based organizations. School Readiness Family Advocates refer parents to these classes and incorporate the themes taught in the sessions into their in-home visits. Anecdotal outcomes indicate heightened parent awareness and self-sufficiency, and increased parent participation and self-confidence.

The Backpack Literacy Project

The Backpack Literacy Project, an intricate component of the School Readiness Project, allows preschoolers and their parents/caregivers at School Readiness sites to check out backpacks stocked with books on tape, crayons and writing/drawing paper, self-exploration objects, and other items that promote parent-child learning. On a weekly basis, parents come in to exchange and replenish backpack materials and speak with the teacher. Initial outcomes suggest that the project is successfully encouraging parent-child reading and interaction at home, and teachers are noticing that parents are more engaged in their children's progress and that their confidence about being an active part of the learning process is increasing.

LEVERAGING RESOURCES

The Commission has made significant progress investing in the development of an evaluation system and in leveraging funds. The Commission joined the Central Valley Evaluation Collaborative and contracted with CS&O and ARC for evaluation services and an online data collection, tracking, and reporting system. In addition, the evaluation team is developing a hierarchy that links the program objectives to the strategic plan goals and objectives. Madera County has leveraged \$1,000,000 in State Commission funds for the School Readiness system, and has funded several programs that coordinate and link to the School Readiness Project, such as the Medical Social Worker Program, the Parent Nurturing/Leadership Program, and the Backpack Literacy Project.

Marin County

Population

Total births (2001)	2,865
0 to 5 population (2000)	13,396

Ethnicity of Children 0-5

African-American	2.0%
Asian	3.9
Latino	18.9
Native American	0.1
White	68.7
All others	6.4

Result Area*

	Expenditures
Systems	\$100,548.00
Child Health	\$203,295.00
Child Development	\$323,218.00
Family Functioning	\$169,800.00
Total	\$796,861.00

*Excludes encumbrances

Program Summary

Marin County is a suburban California county north of San Francisco, just across the Golden Gate Bridge. Although the county is considered suburban residential and recreational, ranching and dairy farms are major features of the rural areas of West Marin. The county is less ethnically diverse than the rest of California. Whites make up 78.6 percent of Marin County's population, compared with 46.7 percent statewide. However, while Marin County's population grew only 2.6 percent between July 1997 and July 2001, the Hispanic population grew nearly 16 percent, and the African-American population grew nearly 5 percent. The Marin County Children and Families Commission has identified two priority outcomes, within the framework of its strategic plan goals, to guide Community Request for Funding Proposals (RFPs): (1) children have comprehensive health services, and (2) children are in safe and healthy environments.

The Commission also has begun implementing its Canal School Readiness Initiative, working with four elementary schools and the Canal community in San Rafael. Over \$1.1 million was awarded in grants to the local nonprofit community in 2001-2002, including 12 community-based projects bringing additional dollars to various projects serving infants and small children.

Fiscal

July 1, 2001 Balance	\$5,898,330
Revenues:	
Prop. 10	\$2,493,959
Other State Prop. 10	\$452,037
Non-Prop. 10	
Interest	<u>\$287,701</u>
Total Revenues	\$3,233,696
Expenses/Encumbrances	<u>\$2,627,857</u>
June 30, 2002 Balance	\$6,504,169
Funds Committed	\$6,807,615
Funds for Future Investments and Program Sustainability	(\$303,446)

County Commission Activities

Highlights of major accomplishments for this year include:

- £ Supportive staff were hired for a variety of health initiatives:
 - › For the Pediatric Asthma Wellness Project, an asthma coordinator helped noninsured and underinsured families receive asthma wellness support at home, in childcare, and in medical settings. Bilingual staff worked closely with Latino families and childcare providers to assure appropriate action plans and implementation. The project connected with family daycare providers and expanded services to outside its geographic area.
 - › The Early Childhood Mental Health Project provides mental health consultation and clinical services to 400 children and their families who participate in subsidized childcare centers and family daycare homes serving lower-income families. For this project, a bilingual licensed clinical social worker joined a medical staff team to screen families and children with identified needs and help them access counseling and treatment.
 - › The Making Space for Kids program hired a childcare facilities coordinator, who worked with the

Audit Findings

The opinion of the independent auditor reflects no material exceptions.

Marin County Commission
(415) 257-8555

Marin County

childcare community to support their businesses by offering workshops on business planning and assistance in obtaining loans and permits. The program was successful in adding new slots for infant and after-school care and services.

- › A childcare health coordinator was hired to support health consultation to childcare centers dedicated to increasing access to child health and safety training and increasing access to existing and emerging health resources. The consultant has made inroads into the family daycare community.
- › A bilingual perinatal social worker coordinated the implementation of prenatal, intrapartum, and postpartum maternal-infant screening. This program is standardizing referral practices among health professionals working with perinatal women.
- £ The MarinCARES project provided stipends for early childhood professionals to obtain additional training. Sixty percent of childcare workers in Marin County received a stipend (362 workers in 2001-2002).
- £ A Special Needs Project works with children in childcare settings whose behaviors indicate a possible need for intervention services, ensuring timely access to services and specialists.
- £ A mobile unit for literacy was in operation this year, supporting children's learning and school readiness by allowing book checkouts and providing preliteracy support in areas lacking access to libraries.
- £ The Commission hired new staff, moved into new office space, and continued developing policies, procedures, and funding priorities.

Innovative and Promising Practices

Increasing Awareness about Tobacco Use

The Commission funded two tobacco-related programs designed to strengthen efforts across the county in the prevention and reduction of tobacco use and in anti-tobacco policies:

- (1) A Tobacco Technical Assistance consultant provides outreach, technical assistance, educational, and evaluation activities to all county community-based organizations to facilitate adoption of a comprehensive tobacco control program. The consultant works with Commission-funded agencies and other agencies serving children and families to incorporate anti-tobacco policies and practices by agencies. All commission-funded agencies have agreed contractually to a strict anti-tobacco policy, including divestment.
- (2) The Perinatal Tobacco Project provides individual and group support to quit and reduce smoking among perinatal families. The program provides materials and information to both consumers and health professionals. Currently, the program is establishing linkages with established healthcare providers and raising awareness around issues of smoking.

Mariposa County

Population

Total births (2001)	153
0 to 5 population (2000)	754

Ethnicity of Children 0-5

African-American	0.4%
Asian	0.4
Latino	12.7
Native American	4.6
White	77.3
All others	4.6

Result Area**

Expenditures
Systems
Child Health
Child Development
Family Functioning
Total

**Expenditures not reported by Result Areas

Program Summary

Mariposa County is located in Central California on the west slope of the Sierra Nevada. Nearly half of its 931,200 acres are publicly owned. The county is dotted with rural farms, ranches, orchards, and vineyards among small communities. The ethnic makeup of the county is predominantly white (86 percent), with more than 20 percent of the population with children ages 0-5 living below the poverty level. Mariposa County is historically dependent on tourists, and a significant number of residents travel to adjacent urban areas for employment. A major issue facing Mariposa County is lack of adequate public transportation for families to access services. Although the Mariposa County Children and Families First Commission has chosen not to prioritize its goals and objectives at this time, it has identified school readiness as a concentrated focus. The Commission has awarded its first round of grants to four recipients, for a total of \$166,860.

Fiscal

July 1, 2001 Balance	\$602,309
Revenues:	
Prop. 10	\$118,580
Other State Prop. 10	\$215,989
Non-Prop. 10	
Interest	<u>\$11,927</u>
Total Revenues	\$346,496
Expenses/Encumbrances	<u>\$225,037</u>
June 30, 2002 Balance	\$723,768
Funds Committed	\$215,000
Funds for Future Investments and Program Sustainability	\$508,768

County Commission Activities

Highlights of major accomplishments for this year include:

- £ The Commission funded two grants to provide enriched preschool activities in the El Portal area. One grant will provide additional equipment and supplies to supplement music, arts, and physical development sessions. The second will facilitate provider training and purchase curriculum, supplies, and equipment for language arts, mathematics, physical education, science, art, and music components.
- £ The Lushmeadows Homeowners' Association will sponsor the Lushmeadows Playground Committee to provide an addition to an existing playground. This \$41,718 grant will provide equipment specifically designed for children under age 5. The Committee will provide a supervised playgroup and a "family play day" designed to optimize use of this age-specific equipment.
- £ The Mariposa County Library will use a \$74,038 grant from the Commission to develop, implement, and coordinate a countywide literacy program.
- £ The Commission has developed a two-pronged strategic approach to address the needs of the community. This mechanism offers a competitive mini-grant process and also provides an opportunity for the Commission to identify projects that address unmet needs.
- £ The Commission established a funding allocation plan and a grant application process.

Audit Findings

The opinion of the independent auditor reflects no material exceptions.

Mariposa County Commission
(209) 742-5437

Mariposa County

Innovative and Promising Practices

Enriched Preschool Activities

The Yosemite Children Centers will be partnering with the Yosemite and El Portal Elementary Schools to add a School Readiness program to the existing childcare centers.

Countrywide Literacy Program

The Mariposa County Library will develop, implement, and coordinate a countywide literacy program. This three-element approach will provide literacy skills to providers, parents, and grandparents of children 0-5. Local tutors will be recruited and trained to teach reading skills to adults who interact with young children there by bringing reading into the households where the development of young children has its greatest impact.

Mendocino County

Population

Total births (2001)	1,061
0 to 5 population (2000)	5,138

Ethnicity of Children 0-5

African-American	0.8%
Asian	0.7
Latino	33.2
Native American	6.2
White	54.4
All others	4.7

Result Area*

	Expenditures
Systems	\$56,505.00
Child Health	\$176,619.00
Child Development	\$178,704.00
Family Functioning	\$81,475.00
Total	\$493,303.00

*Excludes encumbrances

Program Summary

Mendocino County is the 15th largest county in California, with 3,510 square miles of land area. The coastal mountain range divides the coastal and interior regions of the county. Approximately one-third of the population live along the Mendocino Coast, where the depressed economy often forces residents to work below their skill and salary potential and to commute long distances for work, school, and services. In response to the unique geographic and economic circumstances of the county, First 5 Mendocino identified the following major needs and/or issues for Proposition 10 funds: child abuse and neglect, maternal substance abuse (tobacco, alcohol, and other drugs), late entry into prenatal care, and low-quality and insufficient childcare/preschool. A lack of transportation for isolated communities in the county, the lack of a coordinated service infrastructure, a high poverty rate, and insufficient bilingual (English/Spanish) personnel and services all exacerbate the above needs. The Commission focuses on four primary areas for funded contracts: parent education and support, childcare and early childhood development, health and wellness, and policy and advocacy for children and family issues.

Fiscal

July 1, 2001 Balance	\$2,625,032
Revenues:	
Prop. 10	\$952,410
Other State Prop. 10	\$274,005
Non-Prop. 10	\$210
Interest	<u>\$65,412</u>
Total Revenues	\$1,292,037
Expenses/Encumbrances	<u>\$716,312</u>
June 30, 2002 Balance	\$3,200,757
Funds Committed	\$3,105,877
Funds for Future Investments and Program Sustainability	\$94,880

County Commission Activities

Highlights of major accomplishments for this year include:

- £ The Commission funded a variety of new projects, such as an early childhood and family resource center, a tribal health home visiting program, a childcare training and behavioral support collaborative, expansion of a community health clinic, tobacco cessation efforts, a parents association, and a perinatal parent education program.
- £ The Commission implemented the second year of the You Care ~ We C.A.R.E.S. compensation and retention initiative to improve childcare provider retention and continuity of care for the county's children.
- £ The Commission coordinated the second year of Turn Off TV ~ Turn On Life Week to assist and support parents and other caregivers to provide developmentally appropriate experiences and interactions with children.
- £ Small grants were awarded to 22 organizations throughout the county, including grassroots groups, nonprofit agencies, and county departments.

Audit Findings

The opinion of the independent auditor reflects no material exceptions.

Mendocino County Commission
(707) 462-4453

Mendocino County

- £ The Commission designed administrative systems that are cost-effective, including purchasing county services wherever appropriate.
- £ The Commission teleconferenced its meetings to increase the public's access to open decision-making, especially for the coastal communities located 50 miles or more from the county seat.

Innovative and Promising Practices

Turning Off the Tube

In collaboration with other agencies and individuals, First 5 Mendocino sponsored the second year of Plug Into Parenting (Turn Off TV ~ Turn On Life Week) as an opportunity for families to turn off the television and engage in "laptime" and alternative play. Handouts written in Spanish and English and a media campaign were some of the strategies used to engage parents, teachers, providers, and the general public in this week-long event. A media kit, designed with the assistance of Rogers and Associates, was mailed to 19 broadcast and print media to publicize the event. Handouts, bumper stickers, and t-shirts were distributed at several community events and celebrations. The activities were designed so that families would have the opportunity to spend time together, away from their televisions, and learn more about the resources in their community. Many schools also had TV awareness efforts.

You Care ~ We C.A.R.E.S.

Improving the quality and stability of the childcare work force was a high priority, so the Commission set aside \$100,000 and received a match of \$50,000 from the State Commission to issue stipend checks to support the professional growth of Mendocino County's early care providers. By developing partnerships with the local Child Care Planning Council, members of the Commission volunteered their time to review stipend applications. One hundred thirty-five providers qualified for \$153,165 in stipends. The Commission plans to implement a targeted campaign to reach out to family care providers through the recruitment and retention initiative and the Child Care Planning Council.

REGIONAL INITIATIVE FUNDING

First 5 Mendocino will allocate approximately 68 percent of its funds over the long term to regional initiatives for children and families. The Commission does not dictate specific dollar amounts for each focus area; rather, it asks representatives from the county's six geographic regions to apply for funds based on local needs and issues that align with the Commission's strategic plan. In its first and second rounds of regional initiative funding, the Commission addressed the diverse geographic and demographic nature of Mendocino County by allocating a base amount of funding and additional funds based on regional birthrates. This approach is similar to that used by the State Commission to allocate funds to the counties. The regional design encourages service providers to form closer, more integrated ties within their geographic areas. The Commission considers these regional dollars as investments in coordinating human service systems for children and families.

Merced County

Population

Total births (2001)	3,952
0 to 5 population (2000)	18,693

Ethnicity of Children 0-5

African-American	3.5%
Asian	7.1
Latino	59.4
Native American	0.4
White	26.1
All others	3.5

Result Area*

	Expenditures
Systems	\$425,266.81
Child Health	\$750,398.22
Child Development	\$854,180.96
Family Functioning	\$562,770.68
Total	\$2,592,616.67

*Excludes encumbrances

Program Summary

Merced County is a medium-sized county in the heart of the San Joaquin Valley, the agricultural hub of California. Although the population is distributed in rural and urban areas, most people live along the Highway 99 central corridor that bisects the county. Because a large percentage of immigrants reside there, Merced County is often described as one of the most diverse counties in the state. As a first step in developing a strategic plan for funding, the Merced County Children and Families Commission established a Technical Professional Advisory Committee (TPAC) to help the Commission assess resources, needs, gaps, and barriers for young children and their families in Merced County. Issues that were identified include poverty, substance abuse, teen parenthood, lack of English language proficiency, inadequate interpretive capacity of providers, cultural competency level of service providers, location and capacity of service providers, lack of transportation, low preventive healthcare rates, limited funding for service programs, and inadequate data sources and evaluation. On the basis of the needs identified and included in the strategic plan, the Commission has funded a wide range of projects for underserved areas. The 20 large projects funded in 2001-2002 offer service delivery that is culturally and linguistically appropriate.

Fiscal

July 1, 2001 Balance	\$8,375,407
Revenues:	
Prop. 10	\$3,442,606
Other State Prop. 10	\$218,755
Non-Prop. 10	\$0
Interest	\$290,316
Total Revenues	\$3,951,677
Expenses/Encumbrances	\$3,072,865
June 30, 2002 Balance	\$9,254,219
Funds Committed	\$5,761,484
Funds for Future Investments and Program Sustainability	\$3,492,735

County Commission Activities

Highlights of major accomplishments for this year include:

- £ The Commission formed a School Readiness Steering Committee to support the School Readiness Initiative, which ideally will include all 29 of Merced County's low-performing schools. The Commission provided funds to support activities at the first School Readiness program site, including 10 of the county's 29 eligible schools; this was subsequently approved for state matching funds.
- £ The Commission established a Parent Advisory Committee and public outreach campaign.
- £ The Commission has begun a strategic plan revision process that will be completed in December 2002. The revised strategic plan will include funding priorities and updated financial plans. TPAC members who helped develop the first strategic plan provided input about current needs and strategies, and the Commission held various public forums to prioritize community needs and establish funding priorities.
- £ The Commission doubled its staff, created a program evaluation design, and established a mini-grant program in fiscal year 2001-2002.

Audit Findings

The opinion of the independent auditor reflects no material exceptions.

Merced County Commission
(209) 381-1200

Merced County

Innovative and Promising Practices

Case Management for High-Risk Women

The First Steps project provides expanded and enhanced case management for women who are at high risk for poor pregnancy outcomes and for their children from birth through age 5 who face developmental risks because of health and social factors. Enhanced case management incorporates alcohol and drug intervention and child welfare services to the target population, with more intensive, structured home visiting services over a longer period of time. During fiscal year 2001-2002, 719 children were directly served, as well as 197 expectant mothers (excluding at-risk teens), 289 at-risk teens, and 617 high-risk adults/postpartum clients.

A UNIQUE COLLABORATION

Going Places was conceived in response to a primary barrier to service access in Merced County: transportation to medical care, particularly to providers outside the county. Three distinct entities have collaborated to provide this vital community service. A private business provides transportation, a governmental unit oversees case management, and a nonprofit agency provides interpretation and cultural brokering when needed. Going Places enhances access to services through single-point-of-entry special transportation case management, outreach to and training for persons who can be assisted to use traditional transportation options, provision of specialized nonemergency medically related transportation for the hardest to serve, and healthcare interpretation and culture brokering between families and medical providers. Transportation provided through Going Places is resulting in fewer missed healthcare appointments, and the healthcare interpretation/culture brokering is resulting in families' understanding healthcare instructions, follow-up care, and complex healthcare issues. The program provided 1,307 transports for 263 children and 91 expectant mothers, with nearly 50 percent of these families requiring cultural brokerage services.

Modoc County

Population

Total births (2001)	63
0 to 5 population (2000)	528

Ethnicity of Children 0-5

African-American	0.0%
Asian	0.8
Latino	24.1
Native American	4.9
White	66.7
All others	3.5

Result Area*

	Expenditures
Systems	
Child Health	
Child Development	\$113,095.00
Family Functioning	\$460.00
Total	\$113,555.00

*Excludes encumbrances

Program Summary

Modoc County is a remote and rural area bordering Oregon to the north and Nevada to the east. The population is approximately 9,500, 69 percent of whom live in the unincorporated areas of the county. Jobs typically are low paying, often are seasonal, and seldom offer whole-family medical benefits. Six principles guide the work of the Modoc County Children and Families Commission:

(1) inclusive governance ensuring that the diverse perspectives of all parents and families are considered; (2) access for all to services via effective and culturally appropriate communication; (3) assuring that all have an equal voice; (4) result-based accountability included in planning, implementation, and evaluation of programs; (5) adherence to legislative and regulatory mandates in regard to ethnically diverse populations and children with disabilities and other special needs; and (6) all children ages 0-5, along with their parents/families, will learn to be respectful and knowledgeable in all areas of diversity prior to school entrance.

During the final half of the 2001-2002 fiscal year, the Commission underwent some internal restructuring and was without an Executive Director for four months. Therefore, in addition to funding the activities below, the Commission focused on strengthening its infrastructure to ensure that its objectives can be fully achieved.

Fiscal ^{(1) (2)}

July 1, 2001 Balance	\$533,384
Revenues:	
Prop. 10	\$63,997
Other State Prop. 10	\$338,026
Non-Prop. 10	\$50
Interest	<u>\$237</u>
Total Revenues	\$402,310
Expenses/Encumbrances	<u>\$216,532</u>
June 30, 2002 Balance	\$719,162
Funds Committed	\$386,006
Funds for Future Investments and Program Sustainability	\$333,156

County Commission Activities

Highlights of major accomplishments for this year include:

- £ Development of a formal grant proposal process (grants over \$10,000) and a mini-grant process (grants up to \$10,000) supported through local media advertisements targeted to reach out to local populations.
- £ Perinatal Outreach Education Program, which provides education and referral services to women of childbearing age in Modoc County.
- £ Modoc County CARES Program was fully funded for a two-year period to improve the quality and stability of early child education and care for children ages 0-5.
- £ A breastfeeding promotion, education, and support program for expectant and new parents was funded to improve breastfeeding initiation and duration.
- £ The Children's Medical Assistance Program (CMAP) provides case management to children with special health care needs.
- £ The Kit for New Parents was distributed to expectant and new parents as part of an outreach and parent education effort.

Audit Findings

The opinion of the independent auditor reflects no material exceptions.

Modoc County Commission
(530) 233-0910

Modoc County

- £ Public education campaign about First 5 California was conducted through Modoc County media, newspapers, fliers, and meetings.
- £ Ft. Bidwell Tribal Pow-Wow activities for children ages 0-5 provided an opportunity for the children of Modoc County to learn about and celebrate Native Americans throughout the county who are abstaining from drugs and alcohol.
- £ The strategic plan was revised in fall 2001, and the Commission hired a new Executive Director in June 2002.

Innovative and Promising Practices

Children's Medical Assistance Program (CMAP)

Children's Medical Assistance Program (CMAP) provides case management to children with special health care needs and facilitates access to medical treatment and therapy to restore and improve functioning and long-term prognosis. This program is a "payer of last resort" and provides funding for transportation, lodging, meals, and/or treatment when no other funding options are available.

NATIVE AMERICAN MENTORS

The Ft. Bidwell Pow-Wow provides an opportunity for youth to be involved actively in a dance celebration and to meet Native Americans from throughout the county who are abstaining from drugs and alcohol. This program builds children's self-esteem by recognizing and promoting an important aspect of their heritage and culture to pass on to the next generation.

Mono County

Population

Total births (2001)	169
0 to 5 population (2000)	727

Ethnicity of Children 0-5

African-American	0.1%
Asian	0.8
Latino	36.3
Native American	1.7
White	58.0
All others	3.1

Result Area*

	Expenditures
Systems	\$98,253.00
Child Health	\$4,000.00
Child Development	\$55,878.00
Family Functioning	
Total	\$158,131.00

*Excludes encumbrances

Program Summary

Mono County is remotely located in California's High Sierra. There are eight population centers in the county, all above 5,000 feet in elevation, with slightly more than half of residents living in one incorporated town. Distances between communities and geographic barriers impede transportation and access to services. Families often experience social isolation and poor connection to the community. The county's birthrate is increasing, particularly among Mammoth Lakes residents, Latinos, and low-income families. Through review of several local needs assessments and discussions with stakeholders, the Mono County Children and Families Commission identified the need to increase childcare availability and quality, parent education, and access to health services and health insurance, and to decrease social isolation. Its primary strategies for addressing these needs are providing home visits to families of newborns by a public health nurse, gathering and evaluating community-based data from service systems to identify gaps in services; and expanding services where those gaps exist. The Commission is committed to funding projects that provide culturally and linguistically appropriate outreach and service delivery. Therefore, children served by funds from the Commission are assessed individually for their cultural, ethnic, linguistic, socioeconomic and other special needs.

Fiscal ⁽¹⁾

July 1, 2001 Balance	\$601,081
Revenues:	
Prop. 10	\$111,992
Other State Prop. 10	\$230,506
Non-Prop. 10	
Interest	<u>\$24,678</u>
Total Revenues	\$367,176
Expenses/Encumbrances	<u>\$556,709</u>
June 30, 2002 Balance	\$411,548
Funds Committed	\$358,042
Funds for Future Investments and Program Sustainability	\$53,506

County Commission Activities

Highlights of major accomplishments for this year include:

- £ The Commission devoted \$218,420 to implement a universal home visiting program for all families of newborns. The program also allocated \$3,000 to customize the Kit for New Parents, which is distributed as part of this program.
- £ The Commission spent nearly \$75,000 toward influencing the quality and supply of childcare through a CARES project (a retention incentive), hiring of an in-home family childcare trainer, assisting with licensure, and providing training incentives.
- £ The Commission issued a second-round general request for applications (RFA) for large projects, and committed \$145,582 to four new programs and one continuing program.
- £ The Commission committed \$19,000 for 10 mini-grants. These included funding a program, Kids on the Block, using puppets to educate local preschool children on health, safety, cultural diversity issues, and awareness of children with disabilities; a Dental Outreach Clinic, which used case

Audit Findings

The opinion of the independent auditor reflects no material exceptions.

Mono County Commission
(760) 924-7626

Mono County

management and stipends to access pediatric specialists and dental healthcare, previously available only at great distance and cost; and a no-cost car seat distribution and education program managed by the County Department of Health.

- £ Through CCAFA Technical Assistance Funds, the Commission has contracted with an evaluation consultant to provide evaluation training to all grantees and work with staff/grantees to refine evaluation tools.
- £ The Commission formalized grantmaking and contracting processes and made significant progress toward revision of its strategic plan.
- £ The Commission increased public awareness of its funded programs through newspaper articles and presentations at community events and to the Board of Supervisors.
- £ The Commission is a lead collaborator with Partners in Community Wellness for Mono County, an interagency task force, which works to develop a communitywide indicator system to monitor the health and well-being of the county's residents. The task force addresses policy development, resource management, program planning, fund development, and advocacy.

Innovative and Promising Practices

First 5 Home Visiting Program

This public health nurse home visiting program is available to families of all newborns in Mono County. To encourage parents to enroll in the program, nurses distribute a customized Kit for New Parents, which includes a digital thermometer, an infant book and toy, and information about stages of infant and toddler development. Nurses talk with families about enhancing child development and model interactive behaviors that enhance parent-child bonding. They also assess for and instruct families in safety, hygiene, nutrition, immunizations, breastfeeding, physical and emotional growth milestones, health deficits, drug and alcohol exposure, and family wellness. Nurses make sure that families have a primary medical provider and insurance. Families also receive referrals to resources that promote school readiness and appropriate child development.

Mono County CARES

Mono County CARES focuses on improving retention and quality of childcare by giving stipends to providers who remain in their jobs and participate in early child education or development training. The project integrated state and federal funds to cover additional stipends and provide scholarships for training and education coursework. Because of the county's small size, all 12 providers were personally recruited. Nine of these successfully completed the program requirements, and eight exceeded the education requirements. The project also used Commission mini-grant funds to give gift certificates for carpet cleaning to providers who participated in HeadsUp!Reading classes this year.

Community Connection for Children Family Childcare Trainer

In this remote county, many family childcare providers face barriers to accessing training. To address this issue, the Commission supported a Family Childcare Trainer to provide on-site training and activity kits while family childcare providers are caring for children. The trainer assesses each site using the Harms-Clifford Family Day Care Rating Scale, and then brings customized activities, curricula, and other resources on a monthly basis. After one year, the project has provided monthly visits to five sites and has performed a six-month follow-up assessment.

SERVICE INTEGRATION THROUGH HOME VISITS

The Commission is achieving service integration through its funding of the First 5 Home Visiting Program, offered to the family of every newborn. The program makes sure families are connected to the existing services they need and identifies barriers in access to or gaps in services to be addressed by the Commission as a whole or the individuals on the Commission in their professional roles as directors of large agencies in the county.

Monterey County

Population

Total births (2001)	7,176
0 to 5 population (2000)	31,248

Ethnicity of Children 0-5

African-American	2.1%
Asian	3.7
Latino	65.9
Native American	0.3
White	23.6
All others	4.4

Result Area*

	Expenditures
Systems	\$1,077,908.00
Child Health	\$971,427.00
Child Development	\$1,158,416.00
Family Functioning	\$1,536,836.00
Total	\$4,744,587.00

*Excludes encumbrances

Program Summary

Monterey County is located in the central coast region of California, with an estimated population of 407,629. Several small communities exist within its largely agricultural North County region. South County covers an area of 90 miles from south of Salinas (the largest city and the county seat) to the San Luis Obispo County line. Most residents in South County are Latino. According to the 2001 California County Data Book, approximately 24.3 percent of children 0-4 live in poverty, and approximately 13,500 infants and children receive assistance from Women, Infants, and Children (WIC). The Monterey County Children and Families Commission has identified four major focus areas in its strategic plan: (1) improved child development, (2) improved child health, (3) improved family functioning, and (4) improved systems for families. Addressing the highest-priority developmental needs of the county's youngest children and their families, the Commission focused its efforts primarily on the conditions of children at entry into kindergarten. All programs have been working collaboratively to establish a community that is supportive of young children.

Fiscal

July 1, 2001 Balance	\$12,656,689
Revenues:	
Prop. 10	\$6,322,419
Other State Prop. 10	\$260,334
Non-Prop. 10	\$110,087
Interest	<u>\$462,770</u>
Total Revenues	\$7,155,610
Expenses/Encumbrances	<u>\$6,787,297</u>
June 30, 2002 Balance	\$13,025,002
Funds Committed	\$12,280,810
Funds for Future Investments and Program Sustainability	\$744,192

County Commission Activities

Highlights of major accomplishments for this year include:

- £ Funding Awards. Approximately \$4.5 million was awarded to 22 programs and services addressing childcare, family support, social/emotional support, health, school readiness, and integrated services. The Commission also funded a total of 7 capital projects, in addition to 11 mini-grants.
- £ Children and Families Collaborative. Recognizing the need to develop an information-sharing forum, the Commission formed a collaborative to identify lessons learned, recognize barriers and obstacles, develop conceptual thinking, and share information and resources. Now in its second year, the Collaborative has shifted its focus to one of skill building. Topics include such areas as grant writing, program design and evaluation, community capacity building, and report writing.
- £ Civic Engagement/Parent Advisory Council. Through dialogue, the Commission provided a forum for public participants to offer input into Commission processes and strategies, by strengthening community participation, reinvesting in neighborhoods, and facilitating ongoing dialogue. The Community Engagement Steering Committee supported this effort. The Committee created monthly community dialogues within all geographic regions of the county, encouraging the Parent Advisory Council to give parents and caregivers a voice in the work of the Commission.

Audit Findings

The opinion of the independent auditor reflects no material exceptions.

Monterey County Commission
(831) 444-8549

Monterey County

- £ Evaluation. The Commission received \$100,000 from the Packard Foundation to implement a comprehensive approach to evaluating actions and outcomes of the Commission and funded agencies. These funds enabled the Commission to hire an evaluator to provide technical assistance. The Commission also contracted with the Corporation for Standards and Outcomes (CS&O) to implement the data collection and reporting system for evaluating grantees' programs. The Outcome Collection, Evaluation and Reporting Services (OCERS), will collect information about grantees' programs and monitor their impact on the county's youngest children and their families.
- £ Kindergarten Readiness Survey. Following guidelines in the strategic plan, the Commission sponsored a survey, which was administered to all kindergarten teachers in Monterey County. The Survey asked teachers to assess the skills, behaviors, and experiences of children entering kindergarten.
- £ School Readiness Initiative. The Commission approved the School Readiness application for Monterey County and was recently notified by the State Commission that funding will be granted. The Initiative involves a multidisciplinary system for coordinating and enhancing a range of services and resources designed to prepare children for success.

Innovative and Promising Practices

Children's Oral Health Project

Appolonia Foundation developed a multifaceted oral health program focusing on prevention, providing community-based education activities and interaction for families and professionals. With the assistance of a mobile van, the program promotes increased access to prevention services for children ages 0-5, pregnant women, mothers, and caregivers. Participants are offered case management, transportation, and assistance applying for services from Healthy Families and Medi-Cal when needed. The California Oral Health Collaborative is currently considering the Children's Oral Health Program as a best practice.

Parent Education for Dads and New Mothers

Monterey County expanded programs and services to promote positive parenting for fathers and new mothers. The Monterey County Office of Education Head Start provided parent education and skills development classes for fathers of children enrolled in Head Start preschools through the Dads in Action program. A unique feature of this program is its focused approach toward fatherhood, encouraging interactive behavior with children. For first-time

mothers and their new-borns, the Visiting Nurses Association provided 1,395 in-home visits. The visits focused on providing parent education, physical assessment of mother and baby, and postpartum care and follow-up. Beginning in 2002, each parent also received information about a parent information and referral 1-800 telephone line.

SERVICE INTEGRATION AND COLLABORATION

Of the many ways in which Monterey County emphasizes service integration and collaboration, the following projects demonstrate the Commission's commitment to bringing together agencies to create and implement comprehensive systems to prepare children to enter school healthy and ready to learn. Through the Children and Families Collaborative, all funded agencies meet to address common concerns and work toward establishing a system of addressing the needs of children. The Monterey County School Readiness Initiative outlines a plan to establish a multidisciplinary system for coordinating and enhancing a range of services and resources designed to prepare children for success. The School Readiness System will first be implemented through collaborative partners of the Alisal Family Resource Center (a project of the Alisal Union School District) and gradually expanded into other high-need communities within Monterey County.

Napa County

Population

Total births (2001)	1,565
0 to 5 population (2000)	7,563

Ethnicity of Children 0-5

African-American	1.3%
Asian	2.4
Latino	43.2
Native American	0.4
White	49.2
All others	3.5

Result Area*

	Expenditures
Systems	\$315,512.00
Child Health	\$209,750.00
Child Development	\$692,476.00
Family Functioning	\$202,002.00
Total	\$1,419,740.00

*Excludes encumbrances

Program Summary

Napa County is considered a rural county in the Bay Area, with an estimated 124,279 residents. Napa County is about a one-hour drive from the major Northern California cities of San Francisco, Oakland, and Sacramento. About 60 percent of county residents live in the city of Napa; the others live in smaller, more rural towns and cities. The Napa County Children and Families Commission has identified the primary issue facing Napa County families as access to services and supports for all children.

County Commission Activities

Highlights of major accomplishments for this year include:

- £ The Commission is actively reaching out to the Latino community to identify ways to improve access to services and supports. An important element in the RFP application is an agency's capacity to serve the Spanish-speaking community in Napa County.
- £ In its second year of funding, the Commission approved 23 RFPs and 21 mini-grants for projects totaling \$1,248,056. The second year of CARES was also approved for \$425,000, with a state match of \$212,700.
- £ The Napa CARES project has been a major initiative for the Commission over the last two years. The initiative brings together the Napa County Office of Education, Community Resources for Children (the local resource and referral agency), Napa Valley College, and Pacific Union College in the development and implementation of the project. In 2001, the program awarded 242 stipends, developed a corps of local early childhood educators and care providers, and offered several forums and trainings to provide professional development.
- £ The Napa Early Learning Initiative focuses on adding value to current or planned services, as well as coordinating with other early learning and literacy projects in Napa County. The initiative brings together school districts, four county family resource centers (including one for children and families with disabilities and other special needs and another that serves primarily the Latino community), the local Healthy Start program, and the Commission as the coordinating body.
- £ The Kit for New Parents was distributed in Napa County in early 2002. The distribution was completed primarily through prenatal providers. In addition to these providers, Kaiser Permanente Medical Center, pediatric offices, the local childcare resource and referral agency, and several county health and human service departments also supported the distribution effort. The Kit has been extremely well received by families and providers.

Fiscal

July 1, 2001 Balance	\$2,527,930
Revenues:	
Prop. 10	\$1,405,087
Other State Prop. 10	\$617,511
Non-Prop. 10	\$972
Interest	\$95,027
Total Revenues	\$2,118,597
Expenses/Encumbrances	\$2,575,192
June 30, 2002 Balance	\$2,071,335
Funds Committed	\$1,619,313
Funds for Future Investments and Program Sustainability	\$452,022

Audit Findings

The opinion of the independent auditor reflects no material exceptions.

Napa County Commission
(707) 257-1410

Napa County

- £ The Parenting Connection, a subcommittee of the Coalition of Non-Profit Agencies, consists of providers that offer services to parents and families. The goal of the Parenting Connection is to collect and distribute information regarding services and support for children and families. The Parenting Connection has emerged as a recognized entity, and it has been able to leverage Commission support for additional funds from the Community Foundation of the Napa Valley.

Innovative and Promising Practices

Children's Dental Care

This project has greatly increased the number of children ages 0-5 receiving dental treatment. In the first six months of 2002, 698 children in Napa County received treatment from the clinic. Additionally, the project has brought hospital dental services (under general anesthesia) to Napa County. Previously, families were referred to a dentist in Sacramento or Davis. A lack of transportation resources caused many families to delay or forgo treatment. One of the benefits of the project has been the support/collaboration between Sister Ann's and local hospitals, pediatricians, and various children's healthcare providers in identifying children who need dental care. The clinic has also been funded by the Commission for a Prenatal Dental Care Program. This service will provide both pregnant women and their babies with regular checkups. Eligible pregnant women will receive dental health checkups, cleaning, and dental treatment and dental health education deemed appropriate during pregnancy.

Therapeutic Child Care Center (TCCC)

The TCCC has provided one of the first known available sources of preventive mental health services for children and families in a childcare context. The Center is located on the campus of Napa County Health and Human Services. The TCCC is considered to be a leading-edge approach to prevention and early intervention services for our highest-risk children age 0-5. Within a specially designed childcare environment, children with high bio-psycho-social risk and their families receive services from specialists in child development, special education, childcare, psychology, psychiatry, public health nursing, and social work. The TCCC received a 2002 CSAC Award for Excellence and Innovation in County Based Programs.

Touchpoints Training Grant

The Touchpoints Training Grant has made possible the training of 70 providers in this second year of funding. The Touchpoints model, developed by Dr. T. Berry Brazelton and his colleagues, is a systemic model that results in improved child health and development and improved family functioning. Providers have gained competency in using an empathic relational model and have increased their knowledge of child and family development.

Successful Transition to School

Families Inspired and Ready for School Time (F.I.R.S.T.) is a kindergarten transition program for children and their families. It is a series of 10 bilingual two-hour classes for entering kindergartners and their parents in a school setting. During the first hour, parents and children meet separately. During the second hour, parents and children share learning experiences together. The first classes were held in June of 2002, and it was noted that families and children leave the classes excited to start school and with established positive relationships with kindergarten teachers.

Including Children with Disabilities and Other Special Needs in Childcare

The Childcare Inclusion Project is a collaborative effort between the County Office of Education, Community Resources for Children (a resource and referral agency), and Matrix (a family resource center). The project offers provider training, consultation, and support for childcare providers who are working with children who have special developmental, behavioral, or physical needs. Through its efforts, the project has identified an increasing number of childcare providers who are willing to serve children with disabilities and other special needs. Additionally, there is an increase in provider confidence in dealing with these children.

Nevada County

Population

Total births (2001)	828
0 to 5 population (2000)	4,306

Ethnicity of Children 0-5

African-American	0.3%
Asian	0.6
Latino	11.7
Native American	0.9
White	82.3
All others	4.2

Result Area*

	Expenditures
Systems	\$394,658.81
Child Health	\$75,246.70
Child Development	\$404,869.86
Family Functioning	\$260,802.15
Total	\$1,135,577.52

*Excludes encumbrances

Program Summary

Nevada County encompasses 978 square miles and has a population of approximately 92,000. Divided by the Sierra Nevada mountains, Nevada County serves two separated and diverse regions: western county has the cities of Nevada City and Grass Valley, and eastern county has the city of Truckee, which is geographically and socially connected with the Lake Tahoe portions of Placer County. Fewer than one-third of Nevada County residents live in its three small cities. The Nevada County Children and Families First Commission's (NCCFFC) strategic plan responds to a myriad of cultural, ethnic, and linguistic needs of children and their families. The Commission's plan advocates for comprehensive health services for all children, including primary, behavioral, dental, and preventive services. A special goal emphasizing chemical dependency services is included. The Commission also aims to improve arts, music, and language enrichment services for children ages 0-5. Like most County Commissions, Nevada County's Commission has ensured that a portion of its investments address the particular needs of children in economically challenged families.

Fiscal

July 1, 2001 Balance	\$1,010,288
Revenues:	
Prop. 10	\$724,660
Other State Prop. 10	\$140,398
Non-Prop. 10	\$357,672
Interest	<u>\$15,000</u>
Total Revenues	\$1,237,730
Expenses/Encumbrances	<u>\$1,374,582</u>
June 30, 2002 Balance	\$873,436
Funds Committed	\$500,000
Funds for Future Investments and Program Sustainability	\$373,436

County Commission Activities

Highlights of major accomplishments for this year include:

- £ The Commission launched a major behavioral health initiative, providing consultation to train and support childcare providers and assist families to attain needed mental health resources.
- £ The Commission awarded more than \$500,000 to community-based projects through a competitive grant process.
- £ Hope House, a residential chemical dependency treatment center for mothers of babies and young children, was funded by the Commission.
- £ KidZone is a new children's indoor play area located in a family resource center in Truckee. The Commission collaborated with the Placer County Children and Families Commission on this project.
- £ Funded from a grant awarded by the David and Lucile Packard Foundation, the Commission's Family Connection Project is a service integration effort that partners with families in planning and implementation.

Audit Findings

The opinion of the independent auditor reflects no material exceptions.

Nevada County Commission
(530) 265-0611

Nevada County

- £ The Latino Project offers services and support to Latino families with young children. Through augmentation funds, a large number of Latino children were able to enroll in a state preschool. Also, Latina Family Advocates offered services and support to Latino families with young children, and the Grass Valley Unified School District offered ESL classes and family nights.
- £ One-fifth of Nevada County's early childhood educators received benefits and stipends as part of the Educator Support Program.
- £ The Champion Mine Extended Preschool Project provided additional preschool time to children with disabilities and other special needs.
- £ The Commission also provided funds for capacity building, home visiting, and counseling for victims of domestic abuse, parent support and education, art and music classes for children, family outreach initiatives, reading programs, breastfeeding support, an early childhood health and fitness curriculum, and an anger and violence prevention curriculum for preschools.
- £ The Commission developed a 10-year fiscal sustainability plan and developed a formal infrastructure for sharing information and planning systems change.

Innovative and Promising Practices

Preparation for School Readiness

Nevada County became eligible for the School Readiness Initiative at the end of the 2001-2002 fiscal year. Several existing efforts will be used to augment and expand on the School Readiness Initiative planning. For example, Truckee Elementary School kindergarten

teachers are leaders in cultural and linguistic responsiveness to many Latino students, and the Children's Collaborative of Tahoe Truckee has been conducting pre-kindergarten assessments for more than five years. In the

Grass Valley School District, the leaders began English classes for parents of Latino children several years ago. The Commission's funding of family nights added parent education and community building. The Commission has also invested in family education and support, as well as an indoor play area (KidZone) and a family resource center.

CAPACITY BUILDING IN RURAL COUNTIES

The Commission recognized that obtaining state resources is an issue for many rural counties. In this fiscal year, the Commission strengthened its capacity-building efforts in investments in several ways. For example, the Executive Director worked on behalf of the California Children and Families Association Rural Caucus to secure continued augmentations for rural counties. The Commission also successfully pursued funds from other sources, obtaining grants from the David and Lucile Packard Foundation; Policy Analysis for California Education (PACE) at University of California, Berkeley; and the State Commission.

Orange County

Population

Total births (2001)	45,492
0 to 5 population (2000)	216,014

Ethnicity of Children 0-5

African-American	1.4%
Asian	10.8
Latino	46.8
Native American	0.2
White	36.5
All others	4.3

Result Area*

	Expenditures
Systems	\$1,430,704.00
Child Health	\$5,993,683.00
Child Development	\$3,516,761.00
Family Functioning	\$1,951,565.00
Total	\$12,892,713.00

*Excludes encumbrances

Program Summary

Orange County is an urban county that encompasses more than 798 square miles, including 42 miles of coastline. The county contains 34 cities, with a population of almost 3 million people. Through the strategic planning process, the Children and Families Commission of Orange County established a vision and mission designed to ensure that Orange County children will grow up in a safe, supportive, and nurturing environment, specifically focusing on outcomes related to healthy children, strong families, children learning and ready for school, and an integrated quality service system. The Commission developed three program platforms to address health and early childhood development issues for every child in the county: Health Access for Newborns, Family Resources, and School Readiness. In 2001-2002, the Commission funded 68 new programs and 27 ongoing programs to benefit young children and their families through grants totaling more than \$24.8 million.

Fiscal ⁽²⁾

July 1, 2001 Balance	\$91,323,093
Revenues:	
Prop. 10	\$43,770,390
Other State Prop. 10	\$5,047,712
Non-Prop. 10	\$321,011
Interest	<u>\$3,436,875</u>
Total Revenues	\$52,575,988
Expenses/Encumbrances	<u>\$31,764,699</u>
June 30, 2002 Balance	\$112,134,382
Funds Committed	\$112,864,072
Funds for Future Investments and Program Sustainability	(\$729,690)

County Commission Activities

Highlights of major accomplishments this year include:

- £ Through three strategic program platforms, the Commission continues to collaborate with birthing hospitals, family resource centers, and elementary school districts to help every child in Orange County enter school healthy and ready to succeed.
- £ Successful partnerships continued with the Children's Hospital of Orange County (CHOC); the University of California, Irvine, Medical Center; the American Academy of Pediatrics; HomeAid Orange County; the Boys & Girls Clubs of Orange County; the Orangewood Children's Foundation; and the Orange County Department of Education.
- £ Establishing a Pediatric Dental Initiative modeled after the successful Children's Dental Center in Inglewood, to improve the oral health of young children through education, prevention, and treatment programs.
- £ Produced the following reports in partnership with community stakeholders: "Orange County Community Indicators 2002", "The Early Care and Education Needs Assessment for Orange County," and "The 8th Annual Report on the Conditions of Children in Orange County, 2002."

Audit Findings

The opinion of the independent auditor reflects no material exceptions.

Orange County Commission
(714) 834-5310

Orange County

- £ The Commission's performance outcome measurement system is a collaborative effort among the Commission, independent research firms, and grantees. Some highlights from this year include:
 - › Implemented an Internet-based data collection and reporting system to track investments, monitor grantee milestones, and collect client information.
 - › Developed a confidentiality protocol to protect client confidentiality while permitting the collection of information to enhance service planning, delivery, and coordination.
 - › Collected previously missing baseline data about younger children.
 - › Began the evaluation of key investments to determine results and build on the lessons learned.
 - › Established common codes for tracking short- and long-term objectives, strategies, and activities, as well as a glossary of definitions.

Innovative and Promising Practices

Commission Program Platforms

In 2001-2002, the Commission refined and enhanced its three program platforms, Health Access for Newborns, Family Resources, and School Readiness, to address health and early childhood development issues for every child in the county.

- £ Health Access for Newborns. The Commission funded a wide range of comprehensive medical services and health access programs for the new births in Orange County. The countywide Bridges for Newborns program worked with 35,000 new parents, ensuring that every child born in Orange County has access to regular, preventive health care services.

- £ Family Resources. The Commission's partnerships with family resource centers and community organizations provide children, families, and other caregivers with targeted assistance through home visitation by public health nurses, counseling, parenting classes, and health education.

- £ School Readiness. To help every child in Orange County enter school healthy and ready to learn,

SERVING CHILDREN AND FAMILIES THROUGH PARTNERSHIPS, TECHNOLOGY, AND INFRASTRUCTURE

The Children and Families Commission of Orange County is implementing systems change by building on natural associations of community service providers to increase program awareness and to expand access to services for the individuals and families being served. The Commission also engages stakeholders in the development and implementation of a practical accountability system that uses state-of-the-art technology. The integration of these two strategies, relationship building and practical technology, results in permanent and sustainable systems change.

the Commission's school readiness efforts focus on five areas: health and physical development, emotional well-being and social competence, attitudes toward learning, communicative skills, and cognitive skills. The Commission was the first commission in the state to receive an allocation of the State Commission School Readiness funds, which benefited the children and families at six qualifying Orange County school districts.

Placer County

Population

Total births (2001)	3,104
0 to 5 population (2000)	15,924

Ethnicity of Children 0-5

African-American	0.8%
Asian	3.0
Latino	15.5
Native American	0.7
White	75.2
All others	4.8

Result Area*

	Expenditures
Systems	\$464,755.56
Child Health	\$191,067.31
Child Development	\$569,192.16
Family Functioning	\$761,479.05
Total	\$1,986,494.08

*Excludes encumbrances

Program Summary

Placer County stretches from the suburban outskirts of the Sacramento Valley to the mountains of North Lake Tahoe. The County has a healthy economy, well-respected public schools and nearby universities, many convenient recreational opportunities, safe communities and neighborhoods, and an abundance of natural beauty. The county also has a rich history of social service innovation and collaboration. Placer County has a population of 257,500 and an unincorporated population of 101,600. During the Placer County Children and Families Commission's planning process, the needs and assets that emerged from the "community voice" were used to develop strategic results that address issues facing children and families. The following strategic result areas continue to inform all of the Commission's activities: (1) improved family functioning, (2) improved child development, (3) all children are healthy, and (4) comprehensive child and family partnerships. With these strategic result areas as its guide, the Commission funded 42 "partners."

Fiscal

July 1, 2001 Balance	\$6,666,202
Revenues:	
Prop. 10	\$2,780,057
Other State Prop. 10	\$464,671
Non-Prop. 10	\$342
Interest	\$346,496
Total Revenues	\$3,591,566
Expenses/Encumbrances	\$2,217,020
June 30, 2002 Balance	\$8,040,748
Funds Committed	\$1,321,340
Funds for Future Investments and Program Sustainability	\$6,719,408

County Commission Activities

Highlights of major accomplishments for this year include the following (not all partners are listed here):

- £ The Placer County Office of Education provided improved childcare environments for more than 5,000 children. Providers were recruited and trained, and earned accreditation.
- £ The Breastfeeding Coalition provided training and a free information line to pregnant and delivering women.
- £ Mental health services for young children increased through the Mental Health Collaborative.
- £ Equipment and learning materials were updated at the Tutor Totter Preschool.
- £ Licensed daycare doubled enrollment at the First Baptist Church of Tahoe City. Other improvements included the purchase of computers, handicapped access, and a fence for the play yard.
- £ Spanish and English activities for parents and children, such as storytime, a family music night, ESL and GED classes, were provided at the Kings Beach Family Resource Center.
- £ The HomeFirst program provided in-home support services, and assisted with 387 immunizations and 314 well-baby checks.
- £ A family law facilitator assisted parents with mediation around child custody, visitation, support, and other legal issues.

Audit Findings

The opinion of the independent auditor reflects no material exceptions.

Placer County Commission
(530) 889-6751

Placer County

- £ Other programs included the following activities: child abuse and domestic violence support and prevention; special education services; teen parent programs; intracounty, interagency collaborations; a music collaborative; nutrition and dental health services; and early literacy services.

Innovative and Promising Practices

Learning from Evaluation

Every program or service funded this year either enhanced existing cultural, socioeconomic, ethnic, or other special-needs considerations or added components to address them. For funded programs, evaluation is seen as providing “learning opportunities.” The feed-

back loops currently under construction are designed to give outcome information to formal and informal systems in at least three ways: (1) to the client or consumer, (2) to the community, and (3) to external agents, such as the State Commission. The

“OUTCOME FAIRES”

The Commission has not required that the partner network provide monthly or quarterly reports. Instead, partners are asked to deliver results-oriented services, while collecting qualitative and/or quantitative outcome data. Partners are then encouraged to present their data and participate in “learning conversations” that can promote improvements in policies and services for the 0-5 population. All partners also make a report to the community by participating in “Outcome Faires.” Outcomes Faires combine a “faire” atmosphere, including food, music, and children’s activities, with information about all the people who receive Proposition 10 funding. At the faire, each partner sets up a display that gives information about the agency—its goals, services, anticipated outcomes, data collected, and lessons learned.

goal is to create a sustainable system of evaluation and learning from outcome data that will not be dependent on Prop. 10 funds but will become part of the culture of the early childhood development and family support community in Placer County.

For more information about the Placer County Children and Families Commission, please visit <http://www.placer.ca.gov/children/cfamcomm.htm>.

Plumas County

Population

Total births (2001)	147
0 to 5 population (2000)	929

Ethnicity of Children 0-5

African-American	1.1%
Asian	0.2
Latino	11.1
Native American	3.9
White	79.7
All others	4.0

Result Area*

	Expenditures
Systems	\$46,257.50
Child Health	\$29,310.84
Child Development	\$69,310.83
Family Functioning	\$28,810.83
Total	\$173,690.00

*Excludes encumbrances

Program Summary

Plumas County lies in the northeastern region of California, within the majestic Sierra Nevada Mountains. More than 78 percent of the county is rural. One of the least populated counties in California, Plumas County does not have a particularly diverse population, but the Latino population is expected to increase to 8 percent of the total population within the next 10 years. Much of Plumas County's economy historically was based on the timber industry, but in recent years tourism has offered a larger economic benefit to the county. Development of the Plumas County Children and Families Commission's strategic plan included extensive community input on priorities and identified 16 major goals. Important aspects of the plan include enhancing and expanding services for children with disabilities and other special needs, developing programs that are culturally and linguistically appropriate, and emphasizing inclusion of diverse voices from throughout the community. The Commission is planning a name change to First Five of Plumas County by June 2003.

Fiscal ⁽¹⁾

July 1, 2001 Balance	\$527,808
Revenues:	
Prop. 10	\$128,934
Other State Prop. 10	\$240,580
Non-Prop. 10	
Interest	<u>\$27,179</u>
Total Revenues	\$396,692
Expenses/Encumbrances	<u>\$298,285</u>
June 30, 2002 Balance	\$626,215
Funds Committed	\$573,388
Funds for Future Investments and Program Sustainability	\$52,827

County Commission Activities

Highlights of major accomplishments for this year include:

- £ The Commission funded an intensive media campaign to raise awareness throughout the county about Prop. 10, the CARES program, the Kit for New Parents, early childhood development, parenting tips, and funding information. This effort resulted in press releases, public service announcements to local media, radio ads, and print ads.
- £ The Plumas Children's Network sponsored prenatal classes in the four community family resource centers.
- £ The Commission funded an outreach project through Plumas Unified School District for home visitation and infant stimulation for families who have infants with developmental delays.
- £ The Healthy Touch Program provided infant massage classes for children with disabilities and other special needs in the county's four major communities.
- £ The Commission funded Retention/Incentives for Child Care Providers, with a 50 percent match from the State Commission.
- £ The Commission's Web site became operational in October 2001 and increases access to Commission information, including the strategic plan, funding opportunities, and funded projects.

Audit Findings

The opinion of the independent auditor reflects no material exceptions.

Plumas County Commission
(530) 283-6159

Plumas County

- £ Revisions were made to the strategic plan to make it more user friendly, while focusing on school readiness, community accessibility, and development of a County Report Card. The plan was adopted in July 2002.

Innovative and Promising Practices

Prenatal and Parenting Classes

To ensure that all pregnant women receive prenatal services and education, prenatal and “New Parent” classes were funded through Plumas Children’s Network (PCN). PCN, a program of the Plumas County Public Health Agency (PCPHA), established resource centers in the four major communities in the county with funding through the Sierra Health Foundation. These resource centers have evolved into community access points and outposts for agency services. PCN provided countywide coordination and subsequent follow-up for the classes, held twice in each of the four communities. The facilitator, a nurse from PCPHA, developed a curriculum for each of the two-hour classes. Participant incentives included an overnight bag with information and items useful during labor and delivery for expectant parents. A canvas tote bag filled with items for a young child and information regarding growth, brain development, and immunizations was made available for new parents. Thus far, 20 percent of pregnant women and 14 percent of new parents in Plumas County have benefited from these activities.

Healthy Touch Infant Massage Program

This countywide program provides hands-on training in infant massage and the importance of bonding and attachment. The Healthy Touch infant massage instructor receives referrals from healthcare providers to provide infant massage to infants with disabilities and other special needs through the First 5 Infant Stimulation Program. Agencies have invited the instructor to participate in parent training and education services, including Head Start, county prenatal classes at local hospitals, and home visitation referrals from the health department. The instructor expanded her services to include breastfeeding support to mothers through home visits and telephone calls. She also works with the resource and referral agency to provide training to childcare providers, with no additional funding from the Commission.

COLLABORATIVE EARLY START OUTREACH

Because of the rural isolation of many families in the county and the lack of knowledge that many parents have regarding developmental delays, the Commission funded an outreach project through Plumas Unified School District. The project identifies at-risk infants and offers infant intervention services and stimulation programs for at-risk children from ages 0 to 2 years, 11 months. The lead agency, Far Northern Regional Center, works with the Plumas County Early Start team, which has representatives from county agencies, Head Start, the school district, Feather River College Child Development Center, the local planning council, the local resource and referral agency, and the Regional Center. These agencies have developed a general consent for release of information to assist service delivery and collaborative relationships, enhancing their ability to serve these infants and their families.

Riverside County

Population

Total births (2001)	25,382
0 to 5 population (2000)	121,629

Ethnicity of Children 0-5

African-American	6.1%
Asian	2.5
Latino	52.8
Native American	0.6
White	34.0
All others	4.0

Result Area*

	Expenditures
Systems	\$254,867
Child Health	\$6,866,945
Child Development	\$5,629,396
Family Functioning	\$8,205,647
Total	\$20,956,855

*Excludes encumbrances

Program Summary

Located in the southwestern region of the state, Riverside County is geographically the fourth-largest county in California, with a population of 1.5 million distributed among 24 cities and 129 individual communities spanning urban, suburban, rural, and geographically isolated areas. Riverside is one of the fastest-growing counties in California, and the population is expected to increase an additional 43 percent by the year 2010. The mission of the Riverside Children and Families Commission (First 5 Riverside) is to provide support for all children prenatal to five years old, and their families, to improve early childhood development. First 5 Riverside prides itself in encouraging family involvement that represents diverse groups in the planning, delivery, and evaluation of programs through inclusion in advisory groups and committees. The Commission has used Proposition 10 funds to encourage the development of a system of linked services and supports designed to foster early childhood development in all its stages. The four funding priority areas for the Commission are Information and Referral, Health, Education, and Childcare. The strategies used to address these areas include: building on existing resources and services, capital improvements, leveraging to expand service delivery, systems change, supporting innovative methodologies, enhancing public-private partnerships, replicating best practices, and implementing new services where there is a demonstrated need.

Fiscal ⁽²⁾

July 1, 2001 Balance	\$55,053,999
Revenues:	
Prop. 10	\$22,150,119
Other State Prop. 10	\$1,607,267
Non-Prop. 10	\$179,193
Interest	<u>\$1,311,419</u>
Total Revenues	\$25,247,998
Expenses/Encumbrances	<u>\$22,469,995</u>
June 30, 2002 Balance	\$57,832,002
Funds Committed	\$0
Funds for Future Investments and Program Sustainability	\$57,832,002

County Commission Activities

Highlights of major accomplishments for this year include:

- £ First 5 Riverside funded organizations that had demonstrated success and accountability in one or more of the four priority areas, including 25 continued operational grants; 44 new operational grants that included proposals to expand existing programs, serve a new service population, or replicate a best practice or research support model; 67 capital expenditure/one-time-only grants; 18 planning grants; and 24 innovative grants involving a policy, program, collaboration, practice, or tool that was expected to produce improved outcomes or results for children ages 0-5.
- £ First 5 Riverside provided financial support to sponsor the completion of the "2002 Community Profile of Health and Human Service Needs for Riverside County" project.

Audit Findings

The opinion of the independent auditor reflects no material exceptions.

Riverside County Commission
(909) 955-9950

Riverside County

- £ In its strategic planning process, the Commission identified critical needs in each of the four priority areas. Work groups for each of the four areas assisted in planning and implementing activities for this year, including the following:
 - › The Commission is contributing to the development of the Volunteer Center information and referral system for those individuals served by First 5 Riverside.
 - › A grant from First 5 Riverside helped create additional subsidized slots for children of low-income families in family childcare homes. The Commission also developed expanded childcare capacity countywide by granting funds to public and private organizations with proven track records in developing and operating high-quality programs.
 - › The First 5 Riverside Health Consortium Work Group identified nine priorities, and the Commission helped support expanded healthcare services focused on supporting bilingual program outreach. Medical and dental services were provided to the low-income uninsured, and early entry into prenatal care and neonatal screening and immunization services were targeted for high-priority implementation.
 - › The Education and Early Literacy Committee Work Group developed guidelines and recommendations for school readiness and early literacy development.
- £ First 5 Riverside expanded its staff and moved its office facilities, and established a more efficient and user-friendly monitoring report format and system.

Innovative and Promising Practices

Children and Family Development Center

Working with the State Commission and the Perris School District, First 5 Riverside has initiated the creation of the Rob Reiner Children and Family Development Center. By providing buildings to house the programs, First 5 Riverside made it possible to leverage local school dollars with State Commission School Readiness funds. Programs and services available through the State Commission School Readiness funds will include: child development/childcare center, early literacy staff development center, parent education center, speech and language assessment center, district parent/child enrichment program, CAL-Safe (teen mother program including infant care), district community outreach, Regional Occupational Program (ROP) child development classrooms, dental clinic and ROP dental labs, lending library, office space for staff, and other programs to be determined.

Child Day Care Center

A one-time, capital outlay grant from First 5 Riverside was awarded to assist with necessary construction and landscaping costs for the Jan Peterson Child Day Care Center, which provides critically needed childcare for healthy, sick, and disabled infants, toddlers, and children in Moreno Valley. Located on the grounds of the Riverside County Regional Medical Center, the campus is a unique public-private partnership between a public, nonprofit county medical center and a private, nonprofit health care organization. The center cares for 36 children with disabilities and other special needs, and up to 240 children per day total, for a small weekly fee to parents.

CARES RIVERSIDE

First 5 Riverside subcontracted with the Riverside County Childcare Consortium to fund stipend payments to childcare providers and to create a major, point-of-entry database management system for evaluation of all strategies to improve the quality and stability of the childcare workforce. The Consortium was awarded an innovative grant to develop a countywide program aimed at reducing high levels of annual turnover among childcare providers, improving professional development of childcare staff, and providing stability and continuity of care for children through annual award of monetary stipends to childcare providers.

Sacramento County

Population

Total births (2001)	18,922
0 to 5 population (2000)	88,922

Ethnicity of Children 0-5

African-American	11.1%
Asian	10.6
Latino	25.1
Native American	0.6
White	44.0
All others	8.6

Result Area**

Expenditures
Systems
Child Health
Child Development
Family Functioning
Total

**Expenditures not reported by Result Areas

Program Summary

Sacramento County encompasses approximately 994 square miles in the middle of the Central Valley, which is California's prime agricultural region. It extends from the low delta lands between the Sacramento and San Joaquin rivers north to about 10 miles beyond the State Capital and east to the foothills of the Sierra Nevada Mountains. A growing metropolis of more than 1.2 million people, Sacramento County's population is projected to grow by 18.5 percent from 2000 to 2010, including a projected growth rate of children under age 5 that is more than two times that experienced in the 1990s. Likewise, the county's ethnic diversity is expected to continue growing. The Sacramento County Children and Families Commission has adopted a comprehensive strategic plan, including key components that address affordable and accessible resources and opportunities, cultural competence, community involvement in all aspects of children's lives, and responsiveness to people with disabilities and other special needs. In 2001-2002, the Commission funded 17 "achievable results" contracts totaling \$16,499,846 for direct program services and 17 planning grants totaling \$847,996.

Fiscal

July 1, 2001 Balance	\$42,799,246
Revenues:	
Prop. 10	\$16,692,585
Other State Prop. 10	\$392,672
Non-Prop. 10	
Interest	<u>\$1,796,379</u>
Total Revenues	\$18,881,635
Expenses/Encumbrances	<u>\$6,723,293</u>
June 30, 2002 Balance	\$54,957,588
Funds Committed	\$30,347,136
Funds for Future Investments and Program Sustainability	\$24,610,452

County Commission Activities

Highlights of major accomplishments for this year include:

- £ In support of grassroots and neighborhood groups, the Commission formed the Community Building Initiative Workgroup to develop recommendations on strengthening families and community.
- £ The Commission distributed a customized Kit for New Parents through partnerships with home visitation programs; obstetricians; Women, Infants, and Children Nutrition Program; and community hospital prenatal and childbirth classes.
- £ The Commission convened eligible Sacramento County school districts and partners to respond to the School Readiness Programs Matching Funds Request for Funding, and adopted a School Readiness Program implementation plan. School readiness was also promoted through agreements with the Elk Grove and Sacramento Unified School Districts for school readiness initiatives, including community-driven strategies targeting hard-to-serve families.
- £ Capital projects were funded for a variety of purposes, including the provision of equipment for a fluoridation project to meet state regulations for safety, acquisition and renovation of a four-plex for use as a Head Start site, and installation of two portable buildings for expanded preschool classes.

Audit Findings

The opinion of the independent auditor reflects no material exceptions.

Sacramento County Commission
(916) 876-5865

Sacramento County

- £ Grants for health projects were awarded for breastfeeding assistance to 4,500 mothers per year, crisis nursery care, and a transitional housing program for pregnant and postpartum women. Additionally, the University of California Medical Center neonatal intensive care unit was funded to include among “high-risk/premature” infants those with psychosocial and other risks and to provide continuity of developmental care.
- £ Through Child Action, the Commission promoted retention and training of early care and education workers in privately funded licensed family childcare homes and childcare centers. Through the Quality Childcare Collaborative, the Commission promoted childcare provider training and inclusion services to families and childcare providers serving children with disabilities and other special needs.
- £ Seventeen planning grants of up to \$50,000 address a wide variety of services for the diverse needs of Sacramento County, including improving birth outcomes, developmental screenings, a drug endangered task force, a child abuse prevention council, and a Hmong women’s project focusing on pregnant teen education.
- £ The Commission approved a financial plan that uses accumulated unobligated revenue to provide a level stream of funding of approximately \$15.3 million per year for the next 10 years.

Innovative and Promising Practices

Multilingual Parenting Resources

Bach Viet provides multilingual parenting classes and resource referrals. Parenting classes, which have served 218 families, are the major focus of this program. Parents attending classes received service and eligibility information from a variety of service agencies and organizations, such as Child Action; Head Start; Blue Cross Medical Plan; Safety Center; San Juan School District; Women, Infants, and Children; INS; Birth & Beyond; and Child Protective Services. After completing the parenting classes, families received a copy of the curriculum, which was translated into Chinese, Russian, and Ukrainian.

Transitional Housing

Mercy Health Care provides clean, safe transitional housing for pregnant women and postpartum mothers of children ages 0-5 in a drug- and violence-free environment. The program, located in a renovated duplex, currently houses six women and nine children. As a direct result of this housing, one infant has been removed from foster care and reunited with his mother, and two Child Protection Services cases have been closed. The women are very supportive of each other and have shared stories about the positive impact of the housing on their lives and on their children’s lives.

COMMUNITY RENOVATION CREATES A CRISIS NURSERY

The Sacramento County community joined together to create the Sacramento Children’s Home, a licensed crisis nursery providing 24-hour residential care for children birth to age 5 and services for their parents. Civic groups, church groups, and individuals either “adopted” or underwrote a room in an existing facility that was renovated for this project. Adopting a room involved painting, decorating, and furnishing, whereas underwriting entailed giving a donation to cover the costs of renovation (such as flooring, windows, heat, and air conditioning).

San Benito County

Population

Total births (2001)	978
0 to 5 population (2000)	4,705

Ethnicity of Children 0-5

African-American	0.7%
Asian	1.8
Latino	58.7
Native American	0.2
White	35.4
All others	3.2

Result Area*

	Expenditures
Systems	\$202,204.00
Child Health	\$98,367.00
Child Development	\$335,772.00
Family Functioning	\$101,040.00
Total	\$737,383.00

*Excludes encumbrances

Program Summary

San Benito County, located in California's central coast region, encompasses 13,096 square miles between the Santa Cruz and Diablo mountain ranges. A rural county, it has a mix of row crops, orchards, and cattle ranches. Recently, San Benito County has become a bedroom community for Silicon Valley. The San Benito Children and Families Commission has determined that education and health are the primary needs in the county. The Commission's strategic plan outlines four areas of focus: (1) parent education and support services, (2) childcare and early education, (3) health and wellness services, and (4) improving access and connecting services. Ten funded grantees have been in operation for 18 months. All of the funded projects are part of an agency, school district, or community-based organization within the county. The Commission also funded 58 community engagement small grants, many to local home care providers, half of whom were monolingual Spanish speakers.

Fiscal

July 1, 2001 Balance	\$1,729,471
Revenues:	
Prop. 10	\$916,648
Other State Prop. 10	\$239,578
Non-Prop. 10	
Interest	<u>\$54,942</u>
Total Revenues	\$1,211,168
Expenses/Encumbrances	<u>\$959,054</u>
June 30, 2002 Balance	\$1,981,585
Funds Committed	
Funds for Future Investments and Program Sustainability	\$1,981,585

County Commission Activities

Highlights of major accomplishments for this year include:

- £ The Alliance for Breastfeeding provided breastfeeding education to new parents.
- £ New parents participated in Born to Read, a program providing information on how to raise a reader.
- £ The Child Care Health Linkages Program focuses on improving health and safety linkages for children ages 0-5.
- £ A dental/Women, Infants, and Children (WIC) program was developed to provide nutrition education to reduce tooth decay in children ages 0-5.
- £ The family resource center provided case management and referral resources for pregnant women and teen parents of children ages 0-5.
- £ The Healthy and Ready Project provided bilingual parenting classes and a six-week family wellness session with free childcare provided.
- £ An immunization registry served children ages 0-5 and their families, regardless of geographic, cultural, linguistic, social, or financial status.
- £ An obesity prevention program, targeting overweight and obese children and their parents, provided information to childcare providers, preschool teachers, and health professionals.

Audit Findings

The opinion of the independent auditor reflects no material exceptions.

San Benito County Commission
(831) 634-2046

San Benito County

- £ In collaboration with the Hollister School District, a school readiness center will be built on the grounds of one of the targeted schools.
- £ In the Hollister Unified School District, home-based preschool instruction was available for three- and four-year-old children of migrant parents.
- £ The Mobile Early Childhood Program provided early childhood education for young children who live in rural and unincorporated areas.
- £ The Commission funded a comprehensive evaluation of the grantees, which focused on grantee effectiveness in relation to the Commission's mission. The process also trained grantees in evaluation techniques and helped clarify outcomes.

Innovative and Promising Practices

Collaborative Planning and School Readiness

Planning for and preparing the School Readiness Initiative application brought a helpful focus on the connection between what happens in the early years and children's success in school, and ultimately their success as productive adults. The Commission's most exciting accomplishment has been its collaboration with the Hollister School District in building a school readiness center on the grounds of one of the schools targeted for the School Readiness grant. The new building will house Commission offices, a parent center, and two new preschool classrooms.

Community Engagement Grantees

As part of the Commission's community engagement plan, 58 mini-grants were awarded to strengthen grassroots support in the county. Many of the grantees were home care providers, half of whom were monolingual Spanish speakers. The Commission's recognition of these providers as being important to the overall health and well-being of children in the county is an important outcome of this process. Most of the home care childcare providers now see themselves as early childhood educators, rather than as babysitters.

San Bernardino County

Population

Total births (2001)	29,215
0 to 5 population (2000)	143,076

Ethnicity of Children 0-5

African-American	9.3%
Asian	3.3
Latino	53.3
Native American	0.4
White	29.3
All others	4.4

Result Area*

	Expenditures
Systems	\$303,183.55
Child Health	\$5,696,143.89
Child Development	\$6,477,282.20
Family Functioning	\$4,299,492.92
Total	\$16,776,102.56

*Excludes encumbrances

Program Summary

San Bernardino is the largest county in the continental United States, covering more than 20,160 square miles and, together with Riverside County, comprises the "Inland Empire" of California. Also one of the fastest-growing areas in the nation, San Bernardino County has the fourth highest county population in California, having increased its population by more than 107 percent in the last decade. By 2020, the county will be the home of more than 2.8 million residents, an increase of 65 percent over current figures. The Children and Families Commission for San Bernardino County, First 5 San Bernardino, established the following three goals to guide its funding: (1) effective connections/access between agencies, service organizations, providers, and families with children prenatal to age 5; (2) quality/integrated services for children prenatal to age 5 and their families; and (3) countywide leadership in collaboration, assessment, and leveraging of services for children prenatal to age 5 and their families. The Commission awarded funding to 72 agencies this year.

Fiscal

July 1, 2001 Balance	\$65,790,158
Revenues:	
Prop. 10	\$26,724,886
Other State Prop. 10	\$447,873
Non-Prop. 10	\$171,068
Interest	<u>\$3,142,855</u>
Total Revenues	\$30,486,681
Expenses/Encumbrances	<u>\$21,394,862</u>
June 30, 2002 Balance	\$74,881,977
Funds Committed	\$10,354,067
Funds for Future Investments and Program Sustainability	\$64,527,910

County Commission Activities

Highlights of major accomplishments for this year include:

- £ Continuing to provide a wide variety of direct services to children, families, and providers through the funding of 39 programs. Examples of funded programs include several prenatal care and postpartum medical services programs, capacity-building programs to increase the number of licensed child care providers in the county, housing and integrated services for homeless women with children prenatal to age 5, substance abuse intervention programs, and counseling services for children and families in San Bernardino County.
- £ Launching and distributing the Kit for New Parents through a partnership with hospitals, clinics, schools, community-based organizations, and social service agencies. Approximately 28,000 Kits were distributed throughout the county.
- £ Funding of 34 mini-grants (up to \$25,000) for innovative programs and 18 capital improvement projects (up to \$50,000) to promote child health, enhance child development, and strengthen families.
- £ Hiring a school readiness coordinator to initiate the School Readiness Program,
- £ Providing an ongoing public education and collaboration program employing civic presentations, health fair involvement, community event participation, sponsorships and training assistance.

Audit Findings

The opinion of the independent auditor reflects no material exceptions.

San Bernardino County Commission
(909) 386-7706

San Bernardino County

- £ Building Commission staff capacity through 12 new hires, trainings, retreats, and procedure development.

Innovative and Promising Practices

Oral Health

In its second year of funding for this program, Loma Linda University School of Dentistry provided dental screenings and treatment referrals for 4,027 children up to age 5. This program also provided oral health education to 1,352 parents of these children and trained 217 dentists in treatment techniques for very young children.

As part of this program, dentists visited 44 State Preschool sites, 26 Head Start sites, and three Health Fairs during the year. By taking dental services out into the community, this program was able to reach children living in remote mountain and desert areas.

Center-Based Childcare Improvement

During 2001-2002, the Child Development Department at San Bernardino Valley College determined the 18 childcare centers most in need of resources. Each center, on the basis of a plan addressing individualized needs, received services that incorporated nationally recognized measures of quality care, technical assistance, mentoring, and physical site improvements. Childcare providers had access to continuing education vouchers, lending libraries, and technical workshops, while parents attended classes in safety, nutrition, and early child development. A newsletter was distributed to approximately 1,000 providers and 3,000 parents each month.

Adolescent and Homeless Family Services

The Knotts Family Agency provided group home facilities for pregnant and parenting adolescents and their children ages 0-3. The cozy, home-like atmosphere at Knotts is often the most safe and stable environment these teen mothers have ever known. Approximately 35 adolescents and their children received comprehensive services during the year. Services included lactation instruction, nutrition classes, child development services, counseling, parenting classes, educational plans/goals identification, infant care/bonding training, case management, substance abuse treatment, and preventive medical services, such as immunizations and prenatal care.

Veronica's Home of Mercy is a faith-based organization that serves homeless pregnant women and mothers with young children. The agency provided a long-term transitional home and comprehensive support services to approximately 40 women and 45 children during the year. In addition to shelter, this program provided G.E.D. classes, substance abuse prevention, counseling for domestic violence victims (including children), parenting classes, childcare, transportation, and nutrition and medical care education. Follow-up services, tracked through a database, were also provided to former residents.

EXPANDING HIGH-QUALITY CHILDCARE THROUGH COLLABORATION

The County of San Bernardino's Transitional Assistance Department served as lead agency for a coalition of agencies including San Bernardino County Superintendent of Schools and 10 different community and faith-based organizations. The Transitional Assistance Department provided fiscal and contract management services; the County Superintendent of Schools offered accredited trainers and curriculum; and the community/faith-based agencies made available the facilities to accommodate classes for potential family daycare providers. This partnership enabled collaboration and integration of services that would not have been possible otherwise.

San Diego County

Population

Total births (2001)	43,758
0 to 5 population (2000)	198,621

Ethnicity of Children 0-5

African-American	6.2%
Asian	7.3
Latino	40.4
Native American	0.5
White	39.1
All others	6.5

Result Area*

	Expenditures
Systems	\$78,200.00
Child Health	\$7,951,382.00
Child Development	\$3,108,992.00
Family Functioning	\$10,827,187.0
Total	\$21,965,761.00

*Excludes encumbrances

Program Summary

With more than 2.8 million people, San Diego County is the third most populous county in California. Its 4,260-square-mile area includes the city of San Diego (population 1.2 million), sprawling suburbs, and large areas of open space with small agricultural and desert communities. The county contains 18 incorporated cities, 42 school districts, 18 Indian reservations, and 3,600 square miles of unincorporated areas. San Diego County is a complex and often overlapping patchwork of jurisdictions that provide services for children and families. The County's communities are diverse, varying from the wealthy enclaves of the north county coast to densely populated inner-city neighborhoods with large immigrant populations to burgeoning border communities in the south. The San Diego Children and Families Commission identified the following priority results:

- £ Children are physically, emotionally, and developmentally ready to learn.
- £ Children have literacy skills that are developmentally appropriate.
- £ Parents have high-quality information and support.
- £ Childcare/early education is high quality.
- £ Community capacity for integrated, appropriate services is increased.
- £ State Commission and other resources are leveraged.
- £ The Commission and the community are accountable for effective use of Prop. 10 funds.

During 2001-2002, 57 grants were funded through the Request for Grant Application (RFGA) process to provide for services. Additionally, eight grants were approved for multi-year funding during the year.

Fiscal

July 1, 2001 Balance	\$111,458,699
Revenues:	
Prop. 10	\$40,713,644
Other State Prop. 10	\$1,894,057
Non-Prop. 10	\$122,946
Interest	\$4,413,382
Total Revenues	\$47,144,029
Expenses/Encumbrances	\$41,212,885
June 30, 2002 Balance	\$117,389,843
Funds Committed	\$117,389,843
Funds for Future Investments and Program Sustainability	\$0

County Commission Activities

The Commission extended funding for six activities initiated in previous years:

- £ Dental screenings, referral, and education by the Anderson Center for Dental Care addressed the needs for access to dental services, childcare provider training, and parent information.
- £ Smoking cessation services for pregnant and postpartum mothers were provided by the Partnership for Smoke-Free Families (PSF) for improved perinatal health, parent education, and smoke-free environments for children.
- £ Breastfeeding education for healthcare providers and breast milk management education for childcare providers were provided by the San Diego County Breastfeeding Coalition to address the

Audit Findings

The opinion of the independent auditor reflects no material exceptions.

San Diego County Commission
(619) 230-6460

San Diego County

needs for improved perinatal health, access to preventive services, training for childcare workers, and improved family functioning.

- £ A parenting information and referral telephone line and Web site, developed by the United Way Information and Referral Service's Parenting Link project, provided centralized, coordinated access to information about and referral to services and education for parents of children ages 0 to 5.
- £ The Consensus Organizing Institute (COI), in cooperation with the Civic Engagement Project, provided intensive technical assistance in community organizing to collaboratives and parents in five San Diego communities.
- £ The CARES initiative continued to foster childcare provider recruitment and retention.

The Commission funded the following new activities during 2001-2002:

- £ Fifty-seven grants and four contracts totaling \$19.5 million were funded for projects that address access to health care, increased childcare provider education, and increased parent education.
- £ Eight grants totaling up to \$2.8 million were approved for funding of health and developmental assessments and treatment, and parent education.
- £ The Regional Perinatal System was funded for \$600,000 to distribute the Kit for New Parents.
- £ School Readiness implementation funds were issued to 8 of 10 eligible school districts in the county, to assist with preparation of the School Readiness Initiative application.
- £ Grants of up to \$10,000 were distributed to 35 small, parent-led organizations throughout the county. These organizations provide parent information and education and family support services for families of children ages 0-5.

Innovative and Promising Practices

Foundation-Funded Activities

San Diego County continued as a participant in two foundation-funded projects, the Civic Engagement Project (CEP) and the Results for Children Initiative (RCI). The CEP assists eight County Commissions with integrating public involvement into their way of doing business. This year, the Commission contracted with San Diego State University's Consensus Organizing Institute (COI) to field-test a community-organizing strategy for civic engagement in three communities.

The RCI provides four local First 5 Commissions with technical assistance for instituting results-based accountability and inclusive governance. RCI academies have supported the leadership team in completing the "Hand in Hand 4 Kids" community inclusion plan and the "Results for Kids: Numbers and Stories" evaluation plan.

Additional Promising Practices for Coming Years

In an effort to increase routine engagement of the community, the Technical and Professional Advisory Committee (TPAC) conducted several of its meetings at various community sites. Community conversations on current issues (such as literacy, school readiness, and evaluation) were held in conjunction with the TPAC meetings. Also, the Commission will continue to rely on the TPAC, the grantees, content experts in universities and other agencies, and

community members for planning, coordination, and evaluation. Finally, the Commission will be incorporating the logic model and the theory-of-change processes to augment its approaches in ensuring that Commission-funded programs are effective and efficient.

SERVICE INTEGRATION AND COLLABORATION

The Commission actively promotes community engagement and collaboration among stakeholders through a number of activities. For example, parent collaboratives, developed by San Diego State University's Consensus Organizing Institute, host community conversations with county residents. A Literacy Summit opened the dialogue among parents, providers, literacy experts, and other community members about how to work together to encourage early literacy. The Commission also was an active partner in convening a Community Leaders Summit, a one-day conference that brought together more than 100 private and public funders to build (or rebuild) relationships among funders and begin collaborating. The Commission also encourages grantee partnerships through technical assistance, information sharing, training, and team building.

San Francisco County

Population

Total births (2001)	8,233
0 to 5 population (2000)	31,633

Ethnicity of Children 0-5

African-American	9.4%
Asian	30.8
Latino	23.1
Native American	0.2
White	28.1
All others	8.4

Result Area*

	Expenditures
Systems	\$294,532.00
Child Health	\$549,330.00
Child Development	\$1,466,633.00
Family Functioning	\$291,447.00
Total	\$2,601,942.00

*Excludes encumbrances

Program Summary

The City and County of San Francisco is home to 776,733 persons, living in a densely populated 47 square miles. The residents of San Francisco have access to a wide range of services for children and families, at a scale not found in many other California counties. This relative breadth of services, however, must be balanced against the cost of living in San Francisco, which, according to various sources, is the third highest in the country. Although San Francisco is the only county in California that saw a decline in the poverty rate in the 2000 Census data, most accounts suggest that this decline is due largely to poorer families leaving the county, rather than to families moving up the economic ladder. Many of these poorer families with young children face multiple barriers to accessing services. The San Francisco Children and Families Commission is committed to families threatened by economic instability. The Commission's strategic plan also focuses on the need to provide services that are culturally appropriate for all families in the city. The Commission's plan outlines specific objectives to increase service accessibility for children who require enhanced services, including children with special health care needs and homeless children. The Commission has dedicated its resources to services and programs that fill gaps, connect families to existing services, and provide additional services for the most difficult-to-serve child populations in the county. New programs build on the existing network of services and fund such activities as move-in costs for homeless families, mental health consultations at childcare centers, training and subsidies to increase the number and quality of infant/toddler childcare spaces, and a training program for license-exempt caregivers.

Fiscal

July 1, 2001 Balance	\$20,501,092
Revenues:	
Prop. 10	\$7,640,926
Other State Prop. 10	\$1,492,497
Non-Prop. 10	\$54,000
Interest	<u>\$893,701</u>
Total Revenues	\$10,081,124
Expenses/Encumbrances	<u>\$9,176,677</u>
June 30, 2002 Balance	\$21,405,539
Funds Committed	
Funds for Future Investments and Program Sustainability	\$21,405,539

County Commission Activities

Highlights of major accomplishments for this year include:

- £ The Parent ACTION Program has funded 32 parent groups that are engaged in neighborhood-based projects, such as child development classes and parent support groups.
- £ The Child Care Mental Health Consultation Program, coordinated by the Department of Public Health's community mental health system, provides mental health consultations to 21 childcare centers and more than 80 family childcare homes through activities such as play therapy, group and individual interventions, and provider consultation.
- £ The Bright Beginnings Program provides operating subsidies to both childcare centers and family daycare providers to increase the quality and number of infant/toddler care slots available. This year, Bright Beginnings piloted a quality monitoring system that will soon be implemented citywide.

Audit Findings

The opinion of the independent auditor reflects no material exceptions.

San Francisco County Commission
(415) 934-4849

San Francisco County

- £ Since July 2002, the Commission has provided funding to the city's Healthy Kids insurance program, which provides insurance for children ages 0-5 living in families up to 300 percent of the federal poverty level. This program, administered through the Department of Public Health, represents a significant advance in the level of care available to children ineligible for other low-income insurance programs.
- £ The Commission's Policy Committee reinforced the work of funded programs through policy and advocacy work. This year, the Commission worked to support restoring Child Health and Disability Prevention (CHDP) funding and to support a long-term commitment to Healthy Kids, and is currently planning a citywide public hearing on the status of services for children with special health care needs.

Innovative and Promising Practices

Bright Beginnings

Bright Beginnings has proven to have importance both as a program for childcare providers and as a catalyst for systems change. The program seeks to increase the quality and quantity of infant/toddler childcare slots through quality assessment, subsidies, and professional development activities. Participants are trained in the use of nationally recognized measures for quality care. Achieving scores above the state average made programs eligible for subsidies ranging from \$100 to \$250 for each income-eligible child. Technical assistance is provided to participating centers to assist them in addressing issues uncovered during the assessment process.

Child Care Mental Health Consultations Program

Through the Child Care Mental Health Consultations Program, the Commission has extended access to mental health services to hundreds of young children in early care settings. This program augments the San Francisco Department of Public Health's Community Mental Health system to support mental health consultations all over the city and in

several different languages, including English, Spanish, Cantonese, Mandarin, Toishan, Taiwan Sign Language, and American Sign Language. Services include play therapy, group and individual interventions, and provider consultations to

COMMUNITY COLLABORATIONS

The High Risk Infant Interagency Council, funded by the Commission, continues to be the only venue where representatives of the major agencies serving children with disabilities and other special needs regularly meet. Currently, the Council is conducting a needs assessment, which will be available in winter 2003. Additionally, the Commission has been developing working partnerships with each of the major public agencies serving children, as well as with private funders. Thus, the Commission is represented at all the key planning bodies in the city, including the Early Childhood Interagency Council, Head Start Policy Council, Safe Start Advisory Council, and CPAC.

support the mental health needs of high-risk children from low-income families. Evaluation of this program will assess individual child improvements, facility environment, and staff understanding of mental health issues.

San Joaquin County

Population

Total births (2001)	9,811
0 to 5 population (2000)	44,960

Ethnicity of Children 0-5

African-American	6.8%
Asian	10.0%
Latino	43.9%
Native American	0.4%
White	32.9%
All others	6.0%

Result Area**

Expenditures
Systems
Child Health
Child Development
Family Functioning
Total

**Expenditures not reported by Result Areas

Program Summary

San Joaquin County is located in the heart of the Central Valley of California. San Joaquin County is not only an agricultural county but also a commuter county, with close links to Sacramento and the Bay Area. From 1990 to 2000, the county's population increased by 17.2 percent. The population of San Joaquin County is very diverse, with a high proportion of low-income families and a substantial number of children in rural or hard-to-serve areas. The San Joaquin County Children & Families Commission's revised strategic plan emphasizes "high-need" populations as determined by community data. The Commission addresses distinct needs by emphasizing cultural and linguistic competence in its application and monitoring process. It is currently developing its own formal standards for cultural competence. In addition to mini-grants, the Commission is committed to funding direct-service grants for "high-need" populations, particularly in the areas of parent education, childcare, children's health, and drug, alcohol, and tobacco prevention and treatment. Commission-funded programs touched more than 18,000 people in 2001-2002.

Fiscal

July 1, 2001 Balance	\$22,551,022
Revenues:	
Prop. 10	\$8,331,705
Other State Prop. 10	\$245,675
Non-Prop. 10	\$0
Interest	\$717,936
Total Revenues	\$9,295,316
Expenses/Encumbrances	\$2,622,845
June 30, 2002 Balance	\$29,223,493
Funds Committed	\$29,223,493
Funds for Future Investments and Program Sustainability	\$0

County Commission Activities

Highlights of major accomplishments for this year include:

- £ Through program capacity building, the Commission strengthened 25 direct-service programs (funded since 2000). Funded programs address parent education, childcare, children's health, and drug, alcohol, and tobacco treatment.
- £ The Commission provided mini-grants totaling \$411,757 to 52 agencies. Thirty-two of these were made to childcare providers and the balance to programs providing services such as promoting early entry into prenatal care, assessment of childcare needs among migrant workers, family literacy, and child safety.
- £ In the areas of children's health and parent education, the Commission funded five programs totaling \$3.9 million over three years. Grants are for an oral health project, two early mental health programs, a literacy program, and a home visiting program to work in coordination with a school readiness program.
- £ Approximately 8,000 Kits for New Parents were distributed.
- £ Implementation of a Web-enabled system, which will allow the Commission to determine the impact of its programs on participants.

Audit Findings

The opinion of the independent auditor reflects no material exceptions.

San Joaquin County Commission
(209) 953-5437

San Joaquin County

- £ Other activities include: selecting seven School Readiness projects; funding a feasibility study on a data warehouse for the community (still in progress as of 6/30/02), providing technical assistance for contractors, and a service-mapping project that provided the Commission with funding recommendations.

Innovative and Promising Practices

San Joaquin County Public Health Services: Comprehensive Outreach and Perinatal Education Outreach Program

Through an outreach program funded by the Commission, paraprofessionals referred more than 300 women, 133 of them pregnant women, to prenatal services. To reach pregnant and parenting teens, the Commission funded the Manteca Unified School District to provide academic and psychosocial support for pregnant and parenting teens, as well as intensive preschool opportunities for their children.

Training Wheels Program

Through the Library & Literacy Foundation, this program moves the Family Literacy Program into rural and underserved areas of the county, using a mobile van that makes regularly scheduled stops for service delivery. Bilingual staff model family literacy activities, teach parents and caregivers why and how to read to their children, distribute books to build home libraries, and provide information about community services available to families.

The Lao Khmu Association program

This program provides drug, alcohol, and tobacco prevention, education, intervention, and case management for 79 families of Southeast Asian descent, a traditionally isolated community. It provides group and individual prevention education sessions, family-based intervention, case management, and referrals. The program's multifaceted approach also includes a prevention education and awareness-raising campaign through television media and community outreach.

PROMOTING SERVICE INTEGRATION AND COLLABORATION

Service integration and collaboration remain at the heart of the activities of the San Joaquin County Children & Families Commission. Early in the funding process, potential contractors are informed about the importance of collaboration and are encouraged to work with each other in submitting proposals. The Commission's commitment to promoting service integration and collaboration includes facilitating collaborative opportunities, geographic service mapping, standardizing data to identify gaps and duplications in services, bringing more than 30 agencies together through the Home Visitation Resource Committee, drafting a common client referral and reply form used by all participating agencies, and funding the development of a centralized eligibility list for families seeking subsidized childcare.

San Luis Obispo County

Population

Total births (2001)	2,436
0 to 5 population (2000)	12,358

Ethnicity of Children 0-5

African-American	0.9%
Asian	1.7
Latino	29.2
Native American	0.5
White	63.4
All others	4.3

Result Area**

Expenditures
Systems
Child Health
Child Development
Family Functioning
Total

**Expenditures not reported by Result Areas

Program Summary

San Luis Obispo County is one of the fastest-growing counties in California. Between 1980 and 1990, the number of Hispanic residents in the county grew by an estimated 82 percent. This is a mostly rural county, with approximately 41 percent of residents living in unincorporated areas. As such, public transportation is inadequate for many residents, especially in outlying areas. The Children and Families Commission of San Luis Obispo County identified three priority funding areas: parent education and support services, childcare and early education, and health and well-being of children. In addition, the Commission is giving priority to funding programs that provide service integration, increase access, and/or target socially and/or geographically isolated communities. The Commission funded 17 direct-service programs and 14 mini-grants, and has allocated funds to study the feasibility of fluoridating large water systems in the county. All 17 direct-service programs have the capacity to provide bilingual services at some level.

Fiscal

July 1, 2001 Balance	\$6,215,424
Revenues:	
Prop. 10	\$2,218,212
Other State Prop. 10	\$462,350
Non-Prop. 10	\$0
Interest	<u>\$246,955</u>
Total Revenues	\$2,927,517
Expenses/Encumbrances	<u>\$2,271,564</u>
June 30, 2002 Balance	\$6,871,377
Funds Committed	\$4,281,220
Funds for Future Investments and Program Sustainability	\$2,590,157

County Commission Activities

Highlights of major accomplishments for this year include:

- £ Distribution of the Kit for New Parents began in 2001. The distribution partner, County Public Health, initiated training on distribution of the Kits, using the model from the findings of the Berkeley Pilot Study that was completed in 2000. All obstetrics providers in the county are participating in the distribution of the Kits.
- £ In its second year, Project Reward/CARES, aimed at improving childcare staff retention and training, distributed a total of \$345,083 to 300 recipients. This practically doubled its distribution from year one. The number of awards to family childcare providers increased from 25 in year one to 76 in year two.
- £ Mini-grants were awarded to 14 recipients.
- £ Direct-service programs were evaluated to determine the appropriateness of extending funding for six months. Of the 17 the programs evaluated, 15 were extended.
- £ More than 5,000 children were screened for visual disorders and delays, and 82 percent of children referred were actually seen by a doctor.

Audit Findings

The opinion of the independent auditor reflects no material exceptions.

San Luis Obispo County Commission
(805) 781-4058

San Luis Obispo County

- £ BABES Breastfeeding Program served 363 breastfeeding mothers, who made 690 visits to three clinics in outlying areas of the county. Breastfeeding peer counseling was given to 146 mothers, and 213 healthcare providers received training on lactation consultation.
- £ Year-round Head Start services were provided to 108 children in three communities that had the longest Head Start waiting lists.
- £ The Commission developed and approved a 10-year financial plan to ensure program sustainability.
- £ The Commission reviewed its strategic plan to further define advocacy, and voted to set aside funding for school readiness.
- £ A Web-based reporting system has been designed for use by all direct-service programs. Partnering with Cal Poly State University, San Luis Obispo, direct-service providers will be trained to use this system to report data currently being reported manually.

Innovative and Promising Practices

Expanded Preschool Hours

Hours of operation at five preschool sites with the longest waiting lists throughout the county were expanded from three to eight hours, providing a consistent, stable environment for 84 children. Parents of children in the Expanded Day State Preschool program benefited by completing the program requirement of 30 weekly hours of work, college, or vocational training.

Development of a Videotape about Local Services

"Healthy Kids Now" is a 30-minute video in English and Spanish that delivers locally relevant information about programs and services, such as Medi-Cal, Child Health and Disability Prevention Program (CHDP), Healthy Families, Head Start, and Women, Infants, and Children (WIC). The video is included in each Kit for New Parents distributed in the county. It also has been made available to libraries, childcare centers, school offices, video stores, and social service agencies.

ACCESS TO SERVICES

A 20-hour per week pediatric clinic, intended to serve the coastal region of the county, began operating in Morro Bay. Because of diminishing pediatric and other medical services in the county, the Morro Bay clinic has expanded its base of clients beyond the coastal region.

Communities with the longest waiting lists and least affordability for childcare were chosen as sites for expanded-day preschools or year-round Head Start services.

San Mateo County

Population

Total births (2001)	10,263
0 to 5 population (2000)	45,374

Ethnicity of Children 0-5

African-American	2.6%
Asian	17.8
Latino	31.9
Native American	0.2
White	38.6
All others	8.9

Result Area*

	Expenditures
Systems	\$11,300.00
Child Health	\$1,301,010.00
Child Development	\$1,455,800.00
Family Functioning	\$727,373.00
Total	\$3,495,483.00

*Excludes encumbrances

Program Summary

San Mateo County extends from San Francisco to Santa Clara Counties and from the coast to the Bay. There are 20 cities as well as rural communities within the county. Despite the county's having one of the highest median incomes in the state and in the country, the benefits of the strong economy are not shared equally. There are a large number of low-income families who work in the agricultural and fishing industries. Quality of life is affected by a lack of affordable housing, the cost and availability of childcare, and traffic congestion that requires long commutes. However, San Mateo County has a long history of concern for children's services and for funding initiatives to improve children's lives. The funding priorities of the San Mateo County First 5 Commission have become more specific since the release of the strategic plan in 2000. Funding is now targeted through strategic initiatives and competitive grants to address the areas of greatest need. These strategic areas include universal health care, universal preschool, early brain development, domestic violence prevention, and school readiness. During the 2001-2002, 13 implementation and 2 planning grants were supported. In May 2002, two implementation and five planning grants were awarded as part of the third round of competitive grant awards. Round 3 planning grants include a number of innovative projects, several of which have a systems change emphasis.

Fiscal ⁽¹⁾ ⁽²⁾

July 1, 2001 Balance	\$23,082,530
Revenues:	
Prop. 10	\$9,512,806
Other State Prop. 10	\$510,372
Non-Prop. 10	\$198,120
Interest	<u>\$1,326,400</u>
Total Revenues	\$11,547,698
Expenses/Encumbrances	<u>\$5,089,557</u>
June 30, 2002 Balance	\$29,540,671
Funds Committed	\$29,838,563
Funds for Future Investments and Program Sustainability	(\$297,892)

County Commission Activities

Highlights of major accomplishments for this year include:

- £ The Commission completed a second funding cycle, releasing into the community nine grants totaling \$7.1 million.
- £ The Summer Transitional Kindergarten Readiness Program is a four-week program that operates over the summer at nine sites throughout the county. The desired result of the program is that children served will demonstrate increased readiness by the end of the program, as measured by the Summer Kindergarten Readiness Tool.
- £ The WIC Breastfeeding Care Center promotes and supports breastfeeding in San Mateo County by providing enhanced services to encourage women to initiate and continue to breastfeed their children. Services include classes, counseling, a helpline, a breastfeeding resource guide, an electric breast pump loan program, outreach and education to health providers, and a media campaign.

Audit Findings

The opinion of the independent auditor reflects no material exceptions.

San Mateo County Commission
(650) 802-5090

San Mateo County

- £ The SaMCARES retention initiative is an effort to improve the quality of early care and education for children in San Mateo County by providing early childhood professionals with incentives to increase their professional development and to encourage their retention in the childcare field.
- £ The Kit for New Parents has been distributed since January 1, 2002. Kits are being given to all new parents during the last trimester of pregnancy. Approximately 1,000 kits are distributed per month.
- £ A \$220,000 grant was awarded to the San Mateo County Library to purchase and staff a "literacy van" to deliver books and model reading behavior to families served by Women, Infants, and Children (WIC) programs and San Mateo County health clinics. The objective of both programs is to build a foundation for lifelong reading by cultivating reading habits in infants, toddlers, and preschool children.
- £ School Readiness Initiative funds were awarded for all 11 eligible schools. Implementation of enhanced programs began at all the sites, and a School Readiness Coordinator was hired.
- £ This year included the production of the first evaluation report and completion of the second round of a Family Survey. This is a 200-question, random-digit-dial telephone survey of 600 San Mateo County families with children ages 0-5. It addresses health, parenting knowledge and support, and early learning. The survey will be repeated in 2½ years and will be used to track communitywide changes over time.

Innovative and Promising Practices

Healthy Kids

In response to the need for universal access to healthcare for children ages 0-5, the Commission launched Healthy Kids with a \$2.3-million annual investment. As part of this initiative, the Commission helps to lead a countywide coalition to maximize access to Medi-Cal and Healthy Families, and fund health insurance for children not eligible for these existing programs.

Universal Preschool

In the area of early care and education, San Mateo has embarked on an ambitious effort to implement a Universal Preschool Feasibility Study in the county. This study, to be completed in December 2002, was commissioned with the David and Lucile Packard Foundation and The Center for Health Improvement. Preliminary findings suggest that building on the existing network of licensed family daycare providers, state subsidized preschools, and family resource centers will provide the best foundation for a system that gives parents choice and stabilizes an underfunded service.

SYSTEM AND PROGRAM PARTNERSHIPS

The Commission has worked diligently to partner with agencies and organizations with long-standing track records in the areas of school readiness, health care, domestic violence prevention, early brain development, and early care and education/universal preschool. Through partnerships with these other stakeholders, the Commission can create a dialogue about both systems and programs. System partnerships, with organizations like the Peninsula Partnership Council and the Children's Health Initiative (Healthy Kids), enhance the Commission's ability to focus on what others are doing, saving time and resources by not duplicating or reinventing the work of others. Program partnerships are the cornerstone of the Commission's presence in the community, allowing the highest quality of service to children and their families.

Santa Barbara County

Population

Total births (2001)	5,612
0 to 5 population (2000)	26,008

Ethnicity of Children 0-5

African-American	1.6%
Asian	2.8
Latino	54.8
Native American	0.5
White	36.4
All others	3.9

Result Area*

	Expenditures
Systems	
Child Health	\$970,975.74
Child Development	
Family Functioning	\$4,490,099.84
Total	\$5,461,075.58

*Excludes encumbrances

Program Summary

Sometimes considered to be the gateway to Southern California, Santa Barbara County is home to an estimated 399,543 residents within its 2,000 square miles. Approximately 57 percent of the population is white, non-Hispanic, while another 34 percent identify themselves to be of Hispanic descent. The Children & Families Commission of Santa Barbara County places a strong emphasis on making sure that services are evenly distributed throughout the county, including ethnically, culturally, and linguistically diverse children and families, as well as children with disabilities and other special needs. In addition, the Commission seeks to serve families who are geographically and socially isolated and is targeting traditionally underserved and high-need populations. In 2001-2002, the Commission continued to fund several large initiatives, which addressed community needs for home visitation, family resource centers, early oral health, and early mental health. The Commission recognized also the need to support smaller, one-year community grants, which allow for an agency to plan and purchase equipment or for a child center to buy appropriate outdoor playground equipment.

Fiscal ⁽²⁾

July 1, 2001 Balance	\$9,711,001
Revenues:	
Prop. 10	\$5,172,376
Other State Prop. 10	\$616,683
Non-Prop. 10	\$150,000
Interest	<u>\$665,233</u>
Total Revenues	\$6,604,292
Expenses/Encumbrances	<u>\$7,793,006</u>
June 30, 2002 Balance	\$8,522,287
Funds Committed	
Funds for Future Investments and Program Sustainability	\$8,522,287

County Commission Activities

Highlights of major accomplishments for this year include:

- £ The second annual Spruce Up for Kids Day is a program designed to reach family childcare providers and small centers that would not necessarily apply for larger Children & Families Commission grants. The Commission awarded \$250,000 to 87 organizations throughout Santa Barbara County, supporting the improvement of the physical and educational quality of their childcare programs.
- £ Two School Readiness programs in Santa Barbara County continue to operate, serving more than 400 children ages 0-5.
- £ A School Readiness collaborative with United Way in south Santa Barbara County will provide funding and volunteers over a five-year period for projects in the Santa Barbara and Goleta areas.
- £ Santa Barbara County was one of four counties chosen to participate in the Foundation Consortium's Results for Children Initiative aimed at integrating results-based accountability and inclusive governance.

Audit Findings

The opinion of the independent auditor reflects no material exceptions.

Santa Barbara County Commission
(805) 884-8085

Santa Barbara County

- £ The Welcome Every Baby (WEB) Program is a collaborative of agencies throughout Santa Barbara County targeting mothers under age 26 who live in seven areas throughout the county. A nurse and a child development specialist provide prenatal and postpartum services supporting positive child development.
- £ In fall 2001, the Commission conducted community conversations at which families and individuals from throughout the county guided the revision of the strategic plan.
- £ The Commission developed and adopted a 10-year financial strategic plan that takes into account the declining Proposition 10 revenues, as well as the impacts of cost-of-living increases. The plan also reflects a strong commitment to evaluation and a balanced support staff for program management and administration.
- £ The Commission formed a data development committee to discuss issues relating to countywide indicators for the population of children ages 0-5.
- £ In 2001, the Children's Scorecard in its ninth annual publication, welcomed the county's Children & Families Commission as a new partner and worked with the Commission to expand the number of indicators for the 0-5 age group and their families.

Innovative and Promising Practices

Planning for Child Care in Santa Barbara County

In collaboration with Office of Early Care and Education, the Commission funds and supports the Child Care Planning Council, which produced "Planning for Child Care in Santa Barbara County," a guide to help city and county planners, planning commissions, policy-makers, and childcare advocates better understand local childcare issues and the childcare certification process. The guide, as well as the innovative process used to create it, has helped stakeholders identify the issues and develop solutions. One goal of this project is to help planners understand how childcare works, its day-to-day operations, state regulations, and this industry's tremendous impact on the community.

University of California at Santa Barbara Autism Research and Training Center

The Commission funds and supports the nonprofit University of California at Santa Barbara Autism Research & Training Center, which is dedicated to improving the lives and prognoses of children with autism, and of their families. In 2001-2002, the

Commission funded a two-phase project aimed at increasing awareness of early behavioral characteristics of autism, understanding the importance of early intervention, and screening referred children. Through this grant, the Center has increased awareness and access to its state-of-the-art intervention for children with autism, one that is nonaversive, self-reinforcing, and family centered.

INCLUSIVE AND STRATEGIC PLANNING, COLLABORATION, AND ACCOUNTABILITY

Santa Barbara applies an inclusive and strategic approach to resolving child development concerns. The process, like raising children, considers efforts to be long-term investments in the future. While the long-term vision may be in place, the Commission uses evaluation and accountability systems to constantly improve and enhance the methods needed to achieve that vision. The Commission understands the need not only to spawn large-scale movements, but also to promote smaller-scale efforts that support the initiatives.

Santa Clara County

Population

Total births (2001)	27,076
0 to 5 population (2000)	119,418

Ethnicity of Children 0-5

African-American	2.3%
Asian	25.8
Latino	34.0
Native American	0.3
White	31.3
All others	6.3

Result Area**

Expenditures
Systems
Child Health
Child Development
Family Functioning
Total

**Expenditures not reported by Result Areas

Program Summary

Santa Clara County is the largest county in the San Francisco Bay Area, with 1,312 square miles populated by approximately 1.7 million residents in 15 cities, from Palo Alto in the north to Gilroy in the south. Although a significant portion of the county's land area is unincorporated ranch and forestland, 92 percent of the population live in cities. On the basis of the themes that emerged from the community, the Santa Clara County Children and Families Commission, First 5 Santa Clara County, has identified four focus areas to address the diverse needs of the county: health, early learning, family support, and neighborhood initiatives. Funded initiatives address the divergent needs of Santa Clara County, which is multicultural and multilingual and which includes a wide range of socioeconomic groups and an underserved population of children with disabilities and other special needs.

Fiscal

July 1, 2001 Balance	\$67,499,566
Revenues:	
Prop. 10	\$24,719,366
Other State Prop. 10	\$2,558,209
Non-Prop. 10	\$202,000
Interest	<u>\$2,807,528</u>
Total Revenues	\$30,287,103
Expenses/Encumbrances	<u>\$10,928,466</u>
June 30, 2002 Balance	\$86,858,203
Funds Committed	\$33,278,940
Funds for Future Investments and Program Sustainability	\$53,579,263

County Commission Activities

Highlights of major accomplishments for this year include:

- £ More than 2,400 children under age 6 have received health insurance as a result of the Commission's contribution to the Santa Clara Family Health Plan's Healthy Kids Initiative.
- £ The Home-Based Visitation Program provides research-based or promising-practice home visitation models for parents of children prenatal through age 2. The goals are to promote healthy prenatal behaviors of expectant mothers, to foster parent-infant/toddler relationships, and to link family members to health and human services.
- £ Three school districts have been approved and recognized by the State Commission as model programs and participated in the School Readiness Initiative. In addition, the San Jose Unified School District has hired a Pre-Kindergarten Coordinator (the first in the state) to facilitate the transition of children into kindergarten.
- £ The Regional Partnership Initiative has created partnerships in the six regions of the county to design and implement plans for programs, services, and activities based on the hopes, dreams, and desires of families with children, prenatal through age 5.
- £ The East Initiative, based in the Alum Rock Union Elementary School district in East San Jose, encompasses early care and education with kindergarten transition programs, parenting/family support services, health and social services, and community initiatives.

Audit Findings

The opinion of the independent auditor reflects no material exceptions.

Santa Clara County Commission
(408) 289-5332

Santa Clara County

- £ Across initiatives, the Commission has conducted monthly focus groups to facilitate community engagement around program implementation.
- £ Many hours of training and technical assistance workshops have been provided to Commission staff, providers, members of School Readiness and Regional Partnerships, and community members.

Innovative and Promising Practices

Center for Learning and Achievement

This Center provides a comprehensive multidisciplinary team approach to assessment and diagnosis of children ages 0-5 who have suspected developmental variations or delays. The program is unique in its focus on children ages 0-5, since similar programs tend to focus on children in elementary school or older. The professional team at the center includes a behavioral and developmental pediatrician, a psychologist, a child psychiatrist, a speech and language pathologist, an occupational therapist, an educational specialist, a nurse, a clinical social worker, and a family liaison. The center is targeted to see 375 children and their families per year.

Care Management Program

This program was developed by the Commission staff and is the coordinating arm of the service delivery system for children and families in Santa Clara County. Care Managers work with the School Readiness Coordinators and partner agencies to ensure that families and children successfully secure the services they identify in their Family Success Plan. Care Managers assist in navigating the service delivery system and securing the appropriate resources for families.

Promoting Professional Development

The Early Childhood Institute for Professional Development, Planning and Innovation is a unique organization that the Commission established to conduct research, advocate for childcare providers, and increase the professional development opportunities available to the childcare workforce in the county. The Institute facilitates the compensation stipend program (CARES), promotes and provides educational opportunities for early care providers/teachers, provides access to culturally/linguistically appropriate training, advocates for increased compensation and benefits for childcare providers, and advocates and promotes the principles of high-quality early childhood education.

Shasta County

Population

Total births (2001)	1,942
0 to 5 population (2000)	9,643

Ethnicity of Children 0-5

African-American	1.2%
Asian	1.9
Latino	11.0
Native American	4.2
White	76.0
All others	5.7

Result Area*

	Expenditures
Systems	\$40,399.00
Child Health	\$253,698.00
Child Development	\$33,120.00
Family Functioning	\$440,260.00
Total	\$767,477.00

*Excludes encumbrances

Program Summary

Shasta County, covering 3,785 square miles, is located at the northern end of the Sacramento Valley and is situated between the Cascade Mountains and the Trinity Alps. The metropolitan area of Redding is the largest urbanized area in the county and is home to roughly 50 percent of the county's population. Priorities for the Shasta Children and Families First Commission are: increased accessibility to services, support, and information for families and providers; increased awareness and understanding among service providers, families, community leaders, and the general community regarding early childhood development and learning; and increased development of the community through grassroots efforts, professional capacity building, leadership development, and expansion of resources for young children and their families. In 2001-2002, the Commission entered into contracts with 23 grantees for new services and activities. Grants are one to four years in duration, supporting the Commission's long-term investment in creating a countywide infrastructure with the capacity for addressing the needs and interests of young children and their families.

Fiscal

July 1, 2001 Balance	\$5,028,385
Revenues:	
Prop. 10	\$1,736,360
Other State Prop. 10	\$80,528
Non-Prop. 10	\$23,375
Interest	<u>\$157,578</u>
Total Revenues	\$1,997,841
Expenses/Encumbrances	<u>\$1,465,046</u>
June 30, 2002 Balance	\$5,561,180
Funds Committed	\$6,285,756
Funds for Future Investments and Program Sustainability	

County Commission Activities

Highlights of major accomplishments for this year include:

- £ Grants awarded by the Commission addressed a variety of community needs. These included a clinical infant-maternal mental health program, a universal perinatal screening and case management program, a developmental care team and environmental enhancement of the neonatal intensive care unit, a home visiting program expanded to families in isolated communities, two breastfeeding resource centers, three family violence prevention programs, three family development/support programs, two projects addressing early childhood anemia/obesity, four family literacy programs.
- £ The Commission implemented its plan for distributing the Kit for New Parents. This involved distribution through birthing hospitals and primary neonatal care providers, and through curricula and direct distribution. The Commission customized the Kit with additional materials relevant to local needs.
- £ The Commission awarded three grants through its Special Opportunity Grants process, which accepts unsolicited project proposals. Funded grants will provide for an educational video, and children's section in the new county library.

Audit Findings

The opinion of the independent auditor reflects no material exceptions.

Shasta County Commission
(530) 229-8300

Shasta County

- £ The Commission established processes for grants management and monitoring, including reporting formats for progress, service delivery, and budget reporting. Results-based evaluation designs and tools were developed for each funded program.
- £ To establish a strong network of providers focused on prenatal to five-year-olds and their families, grantees are convened every four months to share resources, lessons learned, and strategies.
- £ The Commission cosponsored and coordinated a communitywide training conference on the Search Institute's 40 Developmental Assets. A daylong training for trainers, including five early childhood providers, followed. These providers now are offering specialized training on early childhood development and developmental assets throughout the community.
- £ Through an extensive planning process, the Commission identified early care and education and oral health as issues to be addressed by future funding initiatives, making commitments of \$1,000,000 to early care and education and \$250,000 to oral health for implementation beginning in 2002-2003.
- £ The Commission developed and adopted a communications plan, committing \$239,000 toward its implementation. This project will include a social marketing/advertising campaign and community conferences.

Innovative and Promising Practices

Healthy Beginnings

Designed to decrease rates of childhood anemia and obesity, this project is a collaborative effort between the Shasta County Public Health Department's Community Nutrition Division and Shasta Head Start. The project offers prolonged and intensive support to early care and education programs to incorporate a nutrition and physical activity curriculum and anemia screenings. Interrelated curriculum components are included for children, providers, and parents.

Second Step

This project, implemented by Shasta Head Start, offers the Seattle-based Committee for Children's Second Step curriculum in early care settings throughout the county. Its objectives are to decrease child abuse and neglect and child experience of family violence, and to improve education and support for early care providers. Second Step is aimed at behavior management and violence reduction through communication and impulse control skills for children and families. Early care providers receive intensive training and incorporate the curriculum into their daily routines. An innovative extension of these efforts is a six-week intensive summer program for four-year-olds who are referred for behavior management issues.

BREASTFEEDING RESOURCE PROGRAMS

The development of breastfeeding resource centers at two Shasta medical centers is directed to increasing the duration of breastfeeding. Both projects offer prenatal breastfeeding education, post-delivery assistance and follow-up, peer support efforts, physician/provider education and support for encouraging breastfeeding in their patients, access to breast pumps, and community/employer awareness activities to affect community norms. A retrospective study of breastfeeding practices of mothers who previously delivered at the hospitals will establish baseline data to measure progress.

Sierra County

Population

Total births (2001)	11
0 to 5 population (2000)	147

Ethnicity of Children 0-5

African-American	1.4%
Asian	0.0
Latino	12.2
Native American	0.0
White	83.0
All others	3.4

Result Area*

	Expenditures
Systems	\$2,946.00
Child Health	\$40,331.00
Child Development	\$119,086.00
Family Functioning	\$1,474.00
Total	\$163,837.00

*Excludes encumbrances

Program Summary

Sierra County is a sparsely populated, mountainous, rural county of 985 square miles in the Sierra Nevada mountains north of Lake Tahoe. The county's population of 3,380 reside in the two small towns of Loyalton and Downieville, which are about an hour's drive apart in good weather, as well as in several smaller towns widely scattered throughout the county. Since rural isolation and geographic constraints are major barriers, the needs in Sierra County are for an adequate and accessible infrastructure and an integrated system of services. Strategies of the Sierra County Children and Families Commission focus on collaborating and coordinating services. Progress toward developing an infrastructure and integrated system to support school readiness principles was the Commission's major focus in 2001-2002.

Fiscal ⁽²⁾

July 1, 2001 Balance	\$402,277
Revenues:	
Prop. 10	\$11,294
Other State Prop. 10	\$364,945
Non-Prop. 10	\$7,901
Interest	<u>\$16,426</u>
Total Revenues	\$400,566
Expenses/Encumbrances	<u>\$260,828</u>
June 30, 2002 Balance	\$542,015
Funds Committed	\$349,248
Funds for Future Investments and Program Sustainability	\$192,767

County Commission Activities

Highlights of major accomplishments for this year include:

- £ Loyalton Children and Family Center has retained the interest and input of several county agencies. These partners are working together to blend funding and create the center. The development of this center is being incorporated into the school readiness plan.
- £ Planning is under way for the Wee Play Group/Good Years Children and Family Center on the west side of Sierra County, which will open in fall 2002 to serve 15-20 children ages 0-5. The center will also serve as a school readiness center for the west side of the county.
- £ The Sierra County Literacy Program provides literacy services, and story hours were expanded to include families living in isolated communities. Through this program, the Kit for New Parents is also being distributed to families in these areas.
- £ Healthy Families Health Insurance Enrollment, in partnership with Nevada County Family Services, has conducted enrollment outreach and provided services to about 15 Sierra County children ages 0-5.
- £ Sierra County Child Care Compensation and Retention project obtained matching funds from the State Commission to support 15 childcare workers (82 percent of the total workforce) in education development, stipend programs, and site enhancement programs.

Audit Findings

The opinion of the independent auditor reflects no material exceptions.

Sierra County Commission
(530) 993-4884

Sierra County

Innovative and Promising Practices

Child Care Worker Compensation and Retention

The Sierra County Child Care Workers Compensation and Retention Project continues to have a tremendous impact on the quality of childcare in Sierra County. The project offers several opportunities, including annual stipends, membership in the Child Development Corps, career development counseling, education and training support, site quality improvement, and access to community college courses. Coordinated efforts to provide a wide variety of learning opportunities encourage participants to develop long-range education and career goals. Participants have taken advantage of many learning opportunities that particularly suit their situations, such as long-distance learning and Internet courses. A few have received promotions as a result of their additional education, and one has been appointed as a Sierra County Children and Families Commissioner.

LINKING SCHOOL READINESS AND A LOCAL LIBRARY

The Commission has a long-standing commitment to promote the school readiness of the county's children. When the School Readiness Initiative was written so that counties with higher reading scores were not included, the Commission decided to pursue its earlier plans for a Sierra County Children and Families Center to promote school readiness in the county. The Commission worked to involve several community partners in this effort. It also identified funding to build the county's first public library, through the Library Act of 2000. The Commission contracted with a project manager and offered to partner with the county to create a building that would encompass both a children and families center and a library. On May 21, a historic meeting took place with the Board of Supervisors, the School Board, the Loyalton City Council, and the Commission in attendance, resulting in an agreement to design Sierra County's first community library and early childhood developmental learning center.

Siskiyou County

Population

Total births (2001)	427
0 to 5 population (2000)	2,260

Ethnicity of Children 0-5

African-American	1.3%
Asian	1.3
Latino	16.1
Native American	5.0
White	72.1
All others	4.2

Result Area*

	Expenditures
Systems	\$405,972.00
Child Health	
Child Development	\$75,000.00
Family Functioning	\$75,000.00
Total	\$555,972.00

*Excludes encumbrances

Program Summary

Siskiyou County is the most northern county in California, covering an area of 6,287 miles. Its residents live throughout the county and are divided by significant geographic barriers, such as mountains divided by deep river gorges, arid high desert, and the 14,000-foot Mount Shasta. More than half of Siskiyou County's residents live in unincorporated areas. Approximately 5.7% of the county's residents are children five years old or younger. Initially, in order to meet the needs of the diverse populations in small local communities, the Siskiyou Children and Families Commission identified 10 communities in the county. The Commission then assisted each community in creating a "community team," assessing their needs, identifying a program to meet at least one of those needs, and developing the infrastructure necessary for implementation. The support of community teams continues to be the Commission's primary focus, to ensure that they remain viable and that they develop significant local programs. In early 2002, the Commission expanded its focus to explore countywide initiatives. Subsequently, the Commission funded three countywide initiatives to begin in July 2002.

Fiscal

July 1, 2001 Balance	\$879,335
Revenues:	
Prop. 10	\$434,795
Other State Prop. 10	\$511,222
Non-Prop. 10	\$3,354
Interest	<u>\$38,187</u>
Total Revenues	\$987,559
Expenses/Encumbrances	<u>\$846,429</u>
June 30, 2002 Balance	\$1,020,465
Funds Committed	\$395,000
Funds for Future Investments and Program Sustainability	\$625,465

County Commission Activities

Highlights of major achievements this year include:

- £ CARES funding through the Siskiyou Child Care Council is supporting childcare throughout the county, as well as covering accreditation costs for 14 childcare providers.
- £ A project to provide transportation for children and families to access services was developed by one community team.
- £ Several community teams are providing child and family development activities, such as play groups, reading groups, and family activity nights.
- £ A funded program provides clinical services such as therapy, training, and support for children ages 0-5 who have significant behavior problems, and their families. Training and support for childcare providers, was funded starting July 2002.
- £ The Commission supported community building through training opportunities for community teams. In 2001-2002, teams received support for their projects and some opportunities for training, locally and statewide. The Commission is building a communication support system that includes a monthly newsletter and anticipates that teams will use the newsletter to share their programs and best practices in the future.

Audit Findings

The opinion of the independent auditor reflects no material exceptions.

Siskiyou County Commission
(530) 938-2834

Siskiyou County

- £ The School Readiness project, sponsored by the Butte Valley Community Team, is a unique project coordinating the efforts of a Montessori school, a rural health clinic, and an elementary school.
- £ Countywide initiatives started in July 2002 include: a mobile dental project to provide dental screening for children ages 3-5; a program to provide clinical services to children with significant behavior problems and their families, including support and training to 14 childcare providers who serve children with significant behavior problems; and expansion of Even Start.

Innovative and Promising Practices

Siskiyou County Community Teams

The Commission spent its first year developing viable community teams in each of 10 communities. One of the fundamental reasons for developing local community teams is to involve a variety of individuals, agencies, and services in Siskiyou County in a common goal of

developing programs for children ages 0-5 and their families. Community teams are encouraged to exchange information and best practices and to build a support system within Siskiyou County. This

process has been more successful in some communities than others, but all communities have developed a keen awareness of the efficacy of working together and involving a variety of individuals, agencies, and funding sources.

COLLABORATIVE EFFORTS IMPROVE COMMUNITIES

In one community, the toddler pool at the local recreation center had fallen into disrepair. The McConnell Foundation agreed to provide funding for a shade shelter around the pool. Parks and Recreation agreed to provide funding for some repairs and for at least one summer program. Finally, the Commission agreed to provide further repairs (including a heating unit) for the pool and to fund an infant, toddler, and caregiver swim class during summer evenings. Such examples of collaboration are significant in small communities and provide a visible result to community members.

Solano County

Population

Total births (2001)	5,763
0 to 5 population (2000)	28,784

Ethnicity of Children 0-5

African-American	14.4%
Asian	9.8
Latino	27.4
Native American	0.3
White	38.0
All others	10.1

Result Area*

	Expenditures
Systems	\$158,000.00
Child Health	\$844,000.00
Child Development	\$529,000.00
Family Functioning	\$587,000.00
Total	\$2,118,000.00

*Excludes encumbrances

Program Summary

Solano County is one of nine counties that comprise the San Francisco Bay Area. A surge in Solano County's population has occurred over the last five years, in part because of the relatively low cost of housing and land and its strategic location between the San Francisco and Sacramento metropolitan areas. The 2000 Census reports show that the ethnic makeup of Solano County is one of the most diverse in California, and the 0-5 population is much more diverse than the adult population. Research also shows that the birthrate among Latino families is outpacing that of other ethnic groups. The Solano County Children and Families Commission has three priority areas for funding: (1) increase in quantity and quality of childcare slots, (2) access and connection to prenatal care services, and (3) connection to family-friendly support services that are neighborhood based. To that end, the Commission established a subcommittee to focus on each of the Commission's priority areas, funding several key capital grant and direct-service projects. At the beginning of fiscal year 2001-2002, the Commission allocated \$3,726,549 in these two major grant campaigns.

Fiscal ⁽²⁾

July 1, 2001 Balance	\$13,236,368
Revenues:	
Prop. 10	\$5,212,844
Other State Prop. 10	\$354,017
Non-Prop. 10	\$28,846
Interest	<u>\$600,786</u>
Total Revenues	\$6,196,492
Expenses/Encumbrances	<u>\$3,037,244</u>
June 30, 2002 Balance	\$16,395,616
Funds Committed	
Funds for Future Investments and Program Sustainability	\$16,395,616

County Commission Activities

Highlights of major accomplishments for this year include:

- £ The Commission awarded \$2,694,323 in Direct Services Grants to 11 projects serving children and families in all seven major cities within the county. These projects included: the expansion of Head Start's full-day/full-year services; monthly food packages for needy families with children ages 4-5; a health access program providing medical assistance to children with urgent and emergent healthcare needs; substance abuse prevention and treatment services for pregnant and parenting women; parenting skills classes and supportive and mental health services for families with incarcerated parents; a Mobile Health Clinic project to bring a variety of health services to families who are isolated by geography or lack of transportation; support services and advocacy training for families who have children with physical, mental, and learning disabilities; and a hospital-based project providing literacy skills training and free books for parents and children at well-baby and well-child visits.
- £ The Commission awarded \$1,032,226 in Capital Grants to 10 entities; the majority of these projects focused on increasing the quality and quantity of childcare for children ages 0-5 throughout the county. Projects funded with monies through the Capital Grant campaign involved: preschool and

Audit Findings

The opinion of the independent auditor reflects no material exceptions.

Solano County Commission
(707) 435-2965

Solano County

childcare facility building renovations and expansions; the establishment of a regional “Best Practices” training center; a transportation van for a successful child abuse prevention program; purchase of land for childcare expansion.

- £ The Commission allocated \$3,000 to the local Child Abuse Prevention Council to bring Dr. Ross Thompson, a nationally known child developmentalist, to the Council’s annual symposium as the keynote speaker.
- £ A locally customized Kit for New Parents was distributed.
- £ The Commission funded the CARES Initiative for the second year in the amount of \$500,686, enabling the Commission to draw down an additional \$125,171 from the State Commission.
- £ The Commission passed a resolution to participate in the School Readiness Initiative and allocated \$380,788 in matching funds.
- £ A newly revised strategic plan was adopted in January 2002.

Innovative and Promising Practices

Extended Early Childhood Services Program

Matrix is an agency that provides many support services to families with young children who have disabilities or who are at risk for developing disabilities. Through this project, families receive the tools needed to take care of and advocate for their children. Services provided include individual education plan training, assistance with behavioral and discipline issues, Parent to Parent support groups in English and Spanish, and referrals to treatment and special-needs resources.

COLLABORATION BY NONCOMPETITIVE FUNDING

The Solano County Children and Families Commission has adopted an overarching principle that will be central to all of the Commission’s future work: investment in positive systems change. This principle guides the investment of Proposition 10 resources into services that are responsive to the needs of young children and their families, and that will improve integration, collaboration, and access to services while reducing duplication. During this year, some of the Commission’s activities that align with this principle included sponsoring monthly networking meetings for grantees, implementing neighborhood task force meetings to assist planning for the School Readiness Initiative, participating in the Children’s Network of Solano County, and bringing together community experts to develop funding strategies in the areas of childcare/early childhood education, prenatal care, and family support.

Sonoma County

Population

Total births (2001)	5,706
0 to 5 population (2000)	27,597

Ethnicity of Children 0-5

African-American	1.4%
Asian	2.9
Latino	32.3
Native American	0.7
White	57.2
All others	5.5

Result Area*

	Expenditures
Systems	
Child Health	\$84,335.00
Child Development	\$892,028.00
Family Functioning	\$213,854.00
Total	\$1,190,217.00

*Excludes encumbrances

Program Summary

Sonoma County has the 18th largest county population in California, and the state's 13th largest rural population. There are significant differences between the overall population and the rapidly growing Latino population in poverty, homelessness, and teen birthrates. Three times as many Hispanic children as non-Hispanics are living below the poverty level. Major issues include the need for coordination of services; locally accessible services to address identified needs; and development of services for all families, with special emphasis on those families having multiple risk factors. This year, the Sonoma County Children and Families Commission has funded expanded services, including parent education, oral health education and treatment, family literacy, stipends to childcare providers linked to increased training and job stability, consultation to childcare providers on child behavioral issues, resource specialists to provide on-site assistance to childcare providers, subsidies for childcare, counseling and treatment for drug-addicted mothers, and a home visiting program focusing on linking new parents with community resources. A communications plan is being developed to publicize these programs and to change community norms about parents needing help in parenting skills.

Fiscal ⁽²⁾

July 1, 2001 Balance	\$13,069,397
Revenues:	
Prop. 10	\$5,100,851
Other State Prop. 10	\$401,127
Non-Prop. 10	\$24,562
Interest	<u>\$626,911</u>
Total Revenues	\$6,153,451
Expenses/Encumbrances	<u>\$2,426,714</u>
June 30, 2002 Balance	\$16,796,134
Funds Committed	\$13,110,110
Funds for Future Investments and Program Sustainability	\$3,686,024

County Commission Activities

Highlights of major accomplishments for this year include:

- £ Community partners and parents worked together to plan school readiness activities in a seven-school area and apply for matching funds in May. The application was approved in July 2002.
- £ For the second year, the Provider Retention Pilot Program distributed funding to qualified childcare providers. Associated supported training opportunities included honorariums and book and tuition reimbursements for childcare providers completing early childhood education courses.
- £ The Child Care Behavioral Health Consultation Project continued to provide on-site consultation services to childcare providers to help them cope with children's challenging behaviors. Teams of mental health clinicians and early childhood education specialists are working with parents and childcare providers.
- £ Trainings were conducted for oral health clinicians concerning examinations and treatment for young children. Childcare providers; Women, Infants, and Children (WIC) staff; others serving young children; and parents also received this training. Additional funding was dedicated to sedated dentistry for early childhood caries.

Audit Findings

The opinion of the independent auditor reflects no material exceptions.

Sonoma County Commission
(707) 565-6638

Sonoma County

- £ To promote family literacy, the Reach Out and Read and Raising a Reader programs were funded.
- £ Three parent education programs received continued funding. These programs, including one for homeless parents, reached parents throughout the county and provided opportunities for education and support at a variety of venues.
- £ A lead agency and 13 subcontracting agencies were selected to provide home visits to first-time parents throughout Sonoma County.
- £ As part of the Regional Child Care Initiative, projects in seven regions include childcare vouchers for low-income families, funding for purchase and renovation of facilities, increased capacity for Head Start, and resource specialists and/or early interventionists serving childcare providers in every region of the county.
- £ To address prenatal/perinatal substance abuse, the Commission funded a mentoring program and a residential treatment program for pregnant women and young mothers at a facility where women can bring their infants and young children.
- £ Mini-grants were awarded to childcare providers and other individuals and organizations who otherwise might not be able to obtain grant funding.
- £ Matching grants succeeded in leveraging funding from outside sources to help achieve the Commission's objectives.

Innovative and Promising Practices

The Child Care Behavioral Health Consultation Project

A team consisting of an early childhood specialist and a mental health clinician responds to requests from providers for assistance in coping with challenging behavior of children in their care. In a typical consultation, team members conduct a site visit to observe the child in the childcare setting and to conduct additional assessments; they also contact parents to request additional information. Recommendations may include changes in the provider's environment, curriculum, or activities; provider-child interaction strategies; and, occasionally, referrals for the parent and child for diagnostic or treatment services. Results of the first year's program evaluation indicate that childcare providers are acting on consultant recommendations, and a majority of participating providers described positive changes in child behavior and in parents involved in "solution-seeking" activities. Providers report successfully managing behaviors of children whom they were previously planning to ask to leave their care.

Child Care Support Specialists/Early Interventionists

As a part of the Regional Child Care Initiative, early interventionists travel to childcare facilities to deliver important resources and services to childcare providers. These specialists are typically members of a team of five, which includes an occupational therapist, a speech therapist, and three early childhood educators. As an important link between childcare providers and children with disabilities and other special needs and their families, they provide early screening and referral information. In the first five months of operation, 40 assessments were completed, and more than half of the children assessed were found to have a need for services.

PLANNING AND EVALUATION

The Sonoma County Children and Families Commission has engaged in careful planning and has demonstrated a commitment to evaluation. The Commission has used a facilitated, inclusive planning process for the development of its strategic plan and major program initiatives, such as its new home visiting and school readiness programs. The Commission retained an external evaluation firm, Minicucci Associates of Sacramento, to evaluate its funded programs and adopted a formal evaluation design in January 2002. A special childcare report was released in June 2002.

Stanislaus County

Population

Total births (2001)	7,586
0 to 5 population (2000)	35,582

Ethnicity of Children 0-5

African-American	2.8%
Asian	3.6
Latino	46.6
Native American	0.6
White	41.7
All others	4.7

Result Area*

	Expenditures
Systems	\$10,800.00
Child Health	\$10,800.00
Child Development	\$501,072.00
Family Functioning	\$21,600.00
Total	\$544,272.00

*Excludes encumbrances

Program Summary

Stanislaus is a rural agricultural county with several urban centers, located in the San Joaquin Valley. The Stanislaus Children and Families Commission has adopted a strategic plan to address the many cultural, ethnic, linguistic, socioeconomic, and other special needs of the child population. The plan focuses on childcare and child development, integrating parent education and support and early childhood health care whenever and wherever possible. The Commission distributes funds through "master contracts" as a means of minimizing service duplication and administration costs, while fostering collaboration. With these contracts, the Commission sponsors programs in three stages, from pilot to proven initiatives. A piece of its strategy supports methods to grow funds through endowment, securitization, and/or the Early Childhood Community Foundation. The Commission also awards small grants and mini-grants.

During 2001-2002, the Commission began developing, awarding, and negotiating a series of contracts. During 2002-2003, the Commission will implement these programs, projects, and services.

Fiscal

July 1, 2001 Balance	\$18,418,241
Revenues:	
Prop. 10	\$6,696,043
Other State Prop. 10	\$556,647
Non-Prop. 10	
Interest	<u>\$810,784</u>
Total Revenues	\$8,063,475
Expenses/Encumbrances	<u>\$3,168,046</u>
June 30, 2002 Balance	\$23,313,670
Funds Committed	\$7,979,238
Funds for Future Investments and Program Sustainability	\$15,334,432

County Commission Activities

Highlights of major accomplishments this year include:

- £ In partnership with the Child Development Training Consortium of the Yosemite Community College District, the Commission participated in the Retention Incentives Matching Funds Program (CARES Project) to provide education and training stipends to childcare providers. Stipends were paid to 368 family childcare providers, children's center teaching staff, children's center directors, and family childcare staff.
- £ The Commission established a partnership and negotiated a contract with the Stanislaus County Behavioral Health and Recovery Services to provide intensive childcare consultation to childcare centers, outpatient home- and community-based therapeutic interventions to build strong relationships between caregiver and child, and Parent Labs to assist parents in learning positive ways in which to interact with and attach to their children.
- £ Forty-two pilot programs in partnership with the United Way of Stanislaus County were awarded. Pilot programs are addressing an array of issues, including improving and integrating family care systems, dental health, health insurance enrollment, teen pregnancy prevention, child obesity prevention, smoking cessation, and homelessness.

Audit Findings

The opinion of the independent auditor reflects no material exceptions.

Stanislaus County Commission
(209) 558-6218

Stanislaus County

- £ The Commission awarded 195 mini-grants totaling \$873,000 for a variety of childcare equipment, trainings, and projects.
- £ The Commission established a partnership with Stanislaus County Office of Education and Modesto City Schools.
- £ The Commission negotiated a master contract for \$5.3 million with Stanislaus County Office of Education and Modesto City Schools to administer and implement childcare and child health services for children 0-5.
- £ The School Readiness Initiative Leadership Team, led by an outside consultant and supported by the Commission, submitted a School Readiness Plan for five projects.
- £ The Commission identified seven pilot projects to be funded. These experimental projects include an enhanced program for smoking cessation during pregnancy, an enhanced effort to prevent alcohol and other drug use during pregnancy, drug-endangered children, second teen pregnancy prevention, health insurance enrollment, homelessness prevention, and childhood obesity prevention.
- £ The Commission hired four full-time staff and welcomed three new members to the Commission.

Innovative and Promising Practices

Master Contract Agencies

Through a series of “master contracts” with Stanislaus County Office of Education, Modesto City Schools, United Way of Stanislaus County, Behavioral Health & Recovery Services, and Child Development Training Consortium, the Commission is supporting and engaging service integration and the collaboration of community, agencies, and parents. The funds distributed through these master contracts are a means of minimizing service duplication and administration costs, while fostering collaboration among partners in the county. Service integration and collaborative practices include integrating parent education and support with childcare; establishing a very diverse CARES Project Advisory Group to guide the Retention Incentive Matching Funds Program; providing childcare for those not eligible for other types of subsidized childcare, including school-based Healthy Start, in a comprehensive service delivery system, and an ongoing partnership of the United Way, community-based organizations, and a dozen volunteers to solicit, process, and evaluate mini-grants, equipment requests, and pilot programs.

MEETING WIDESPREAD NEEDS

The Commission funded a wide variety of agencies and services, fulfilling its promise to distribute First 5 funds evenly throughout the county. More than 200 grants were awarded, and nearly every childcare center in the county received some benefit from First 5, either from funds to purchase new equipment or through improved staff training and education. By working with the master contract agencies, the Stanislaus County Children and Families Commission supports the growth and development of existing community resources.

Sutter County

Population

Total births (2001)	1,213
0 to 5 population (2000)	5,728

Ethnicity of Children 0-5

African-American	2.1%
Asian	12.0
Latino	34.7
Native American	1.2
White	45.1
All others	4.9

Result Area*

	Expenditures
Systems	\$5,000.00
Child Health	\$15,166.00
Child Development	\$15,166.00
Family Functioning	\$20,166.00
Total	\$55,498.00

*Excludes encumbrances

Program Summary

Sutter County is one of California's original counties. Sharing its borders to the south with Sacramento, Yolo, and Placer Counties and to the north with Butte, Colusa, and Yuba Counties, Sutter County is renowned for its agricultural heritage. It is home to approximately 76,700 people. Basic services for children are available throughout Sutter County. However, the county suffers from a high unemployment rate and the ups and downs of the seasonal agricultural economy, and more than 15.9 percent of county residents live at or below the poverty level. The Sutter County Children and Families Commission's advisory committee developed a community resource matrix that identified existing programs and services available to all children in the county. Using this information, the Commission developed a set of priorities and directed advisory task groups to refine the objectives and strategies to meet the needs of all children and their families. The Commission funded 17 contracts in 2001-2002, 15 of which were \$5,000 mini-grants.

Fiscal ⁽¹⁾

July 1, 2001 Balance	\$2,862,667
Revenues:	
Prop. 10	\$1,060,639
Other State Prop. 10	\$126,340
Non-Prop. 10	
Interest	<u>\$135,287</u>
Total Revenues	\$1,322,266
Expenses/Encumbrances	<u>\$857,854</u>
June 30, 2002 Balance	\$3,327,079
Funds Committed	\$800,000
Funds for Future Investments and Program Sustainability	\$2,527,079

County Commission Activities

Highlights of major accomplishments for this year include:

- £ The Commission awarded 15 \$5,000 mini-grants.
- £ The Bright Futures Assessment Program is a pilot program implemented to provide families with accessible, free health and developmental screenings. The Commission plans to expand Bright Futures to be countywide.
- £ A school-based dental program was implemented to provide comprehensive dental care to students at elementary schools.
- £ The Commission supported distribution of a customized Kit for New Parents, which included a monitoring form.
- £ The Commission participated in WIC's Children's Health Fair and the Infant & Child Summer Safety Fair.
- £ The Commission conducted community workshops focusing on asset building and sustainability and a technical assistance workshop for grantees.
- £ The Commission's School Readiness Task Force surveyed early care providers and educators to determine the level of school readiness of children enrolled in their programs.

Audit Findings

The opinion of the independent auditor reflects no material exceptions.

Sutter County Commission
(530) 822-7505

Sutter County

Innovative and Promising Practices

Bright Futures Assessment Program

Bright Futures reflects the new emphasis on protective factors for resilient children by building on family strengths and by providing families with accessible, free health/developmental screenings, referrals to appropriate community agencies when necessary, parent training, information, and support. The program is offered to all children, birth through age five. In partnership and cooperation with healthcare and social service organizations, professionals use age-appropriate diagnostic tools to assess children's hearing, speech and language, vision, motor, and cognitive abilities. The program also provides nutrition counseling; behavioral and physical health consultation; information on developmental stages, literacy, and car seat safety; and dental assessments. Bright Futures aims to screen each child in Sutter County, birth through age five, to identify those with developmental delays or disabilities or those needing additional medical management.

Planning Grants to Support Parents

The Commission awarded two planning grants to align services and expand support for parents in Sutter County. First, the Sutter County Parents Network holds a contract with the Department of Developmental Disabilities to operate a family resource center for infants and toddlers ages 0-3. The Commission funded the Parents Network to conduct community forums; to develop a coordinated system to provide information, training, and peer support for children ages 0-5 who have disabilities; and to develop a service plan to address the needs of parents of children with developmental disabilities.

Second, the Commission awarded a planning grant to the Yuba-Sutter YMCA to expand its parent education and child development programs for families and children ages 0-5. A "Building Strong Families" planning collaboration was established to restructure and expand the "Becoming Parents" relationship education program; develop a public awareness campaign in English, Spanish, and Punjabi; promote prenatal parenting for first-time parents; and enhance or expand parenting and child development programs, such as infant and toddler play groups, through collaboration and sharing of resources.

Tehama County

Population

Total births (2001)	636
0 to 5 population (2000)	3,534

Ethnicity of Children 0-5

African-American	0.7%
Asian	0.8
Latino	30.1
Native American	1.5
White	63.4
All others	3.5

Result Area*

	Expenditures
Systems	
Child Health	\$31,977.00
Child Development	\$127,400.00
Family Functioning	\$222,792.22
Total	\$382,169.22

*Excludes encumbrances

Program Summary

Tehama County covers an area of 2,976 square miles in north central California. It ranges in elevation from 170 to 8,083 feet above sea level and has a population of 56,039. Only 36.7 percent of the population lives in urban areas of the county, while 63.3 percent live in unincorporated areas. As part of its strategic planning, the Tehama Children and Families Commission funds projects that meet four critical principles: (1) serve ethnically, culturally, and linguistically diverse children and families, and children with disabilities and other special needs and their families; (2) address the needs of geographically and socially isolated communities; (3) target traditionally underserved/high-need populations; and (4) strive to streamline access and remove barriers to services. The Commission targeted three strategies as funding priorities for 2001-2004: (1) improved family functioning: strong families; (2) improved child development: children learning and ready for school; and (3) improved child health: healthy children. In its first year of awarding funding, the Commission funded six projects, two planning grants, one capital improvement grant, and three direct-service grants.

Fiscal ⁽¹⁾

July 1, 2001 Balance	\$1,666,509
Revenues:	
Prop. 10	\$596,668
Other State Prop. 10	\$100,963
Non-Prop. 10	
Interest	<u>\$75,323</u>
Total Revenues	\$772,954
Expenses/Encumbrances	<u>\$555,380</u>
June 30, 2002 Balance	\$1,884,083
Funds Committed	\$1,040,793
Funds for Future Investments and Program Sustainability	\$843,290

County Commission Activities

Highlights of major accomplishments for this year include:

The Commission funded planning grants to:

- £ Develop a business plan for a home-based prevention education program, using a best-practice model incorporating an interdisciplinary approach. This program, like others supported by the Commission, also includes outreach and services to Spanish-speaking children and their families.
- £ Develop a plan for employer-provided on-site childcare or childcare assistance programs.

The Commission funded a capital improvement grant for:

- £ A new facility to expand an infant and toddler care center, which includes health and social services for families and parent education.
- £ A new van to improve access to services.

Audit Findings

The opinion of the independent auditor reflects no material exceptions.

Tehama County Commission
(530) 528-1395

Tehama County

The Commission funded direct-service grants to:

- £ Provide comprehensive outreach, support, and training activities for license-exempt childcare providers, including potential Spanish-speaking licensed and exempt child care providers.
- £ Expand the existing family resource center in both capacity and delivery of services. Core services include parent education, child development activities, resource and referral, drop-in availability, peer-to-peer supports, and on-site child care.
- £ A prenatal and postpartum education program serving women from the early prenatal period through six weeks postpartum, including bilingual/bicultural staff. Kits for New Parents are used to develop a curriculum and as a working tool throughout the series. Classes include breastfeeding, early prenatal, six-week postpartum, childbirth, and water birth classes.

Innovative and Promising Practices

Tehama County Employers for Childcare

The Tehama County Commission has supported successful and progressive collaboration efforts among Tehama County employers. Survey research asking employers about options for providing childcare showed that 40 percent expressed increased interest in learning about which childcare options are advantageous to both the company and its employees. As a result of meetings with Tehama County employers, two companies have formed an agreement

to collaborate on a joint employer-sponsored childcare center to be located centrally to both businesses. A third company has expressed interest in purchasing childcare slots for its employees at the center once the facility is up and running.

PLANNING TOGETHER FOR CHANGE

As a result of business plan development for a home-based prevention education program, a health and education collaborative was developed. This collaboration pioneered the first direct dialogues between three departments/programs of the local hospital while allowing each partner to recognize the critical link between hospital services, public health, and drug and alcohol education-based health programs. An added benefit of having worked through the planning process is that the collaborative partner organizations are recognizing each other's corporate culture and their own administrative needs. This awareness is being translated into a more efficient referral and follow-up case management system.

Trinity County

Population

Total births (2001)	112
0 to 5 population (2000)	552

Ethnicity of Children 0-5

African-American	0.4%
Asian	0.4
Latino	9.2
Native American	4.3
White	78.1
All others	7.6

Result Area**

Expenditures
Systems
Child Health
Child Development
Family Functioning
Total

**Expenditures not reported by Result Areas

Program Summary

Trinity County is located in the far northern part of California, spanning 3,207 square miles of pristine lakes, rivers, and dense forestland. Almost half of the population of 13,022 is distributed between the county seat of Weaverville and the community of Hayfork. The remaining population is dispersed into small, isolated rural communities throughout the county. Data from the 2000 Census show the median family income as \$29,007, well below the state average. Employment is often seasonal and is dominated by government and forest-related jobs, since more than three-fourths of the land is within National Forest boundaries. Tourism is also an important industry through the many recreational activities offered by the rivers, lakes, and wilderness. The overarching goal of the Trinity County Children and Families First Commission is to promote children's healthy development and school readiness. The Commission invested in 29 grant-funded projects for the 2001-2002 fiscal year. The majority of funded projects either addressed health issues or took an educational focus toward school readiness.

Fiscal

July 1, 2001 Balance	N/A
Revenues:	
Prop. 10	\$84,701
Other State Prop. 10	\$241,840
Non-Prop. 10	N/A
Interest	N/A
Total Revenues	N/A
Expenses/Encumbrances	N/A
June 30, 2002 Balance	N/A
Funds Committed	N/A
Funds for Future Investments and Program Sustainability	N/A

County Commission Activities

Highlights of major accomplishments for this year include:

- £ Five daycare and childcare facilities were given grants to purchase a computer and age-appropriate software for introducing educational materials and developing school readiness skills.
- £ Two daycare providers were funded to provide reading enrichment and school readiness activities.
- £ Cooking supplies and equipment for a cooperative preschool, new carpet for a family center, daycare play equipment, and emergency pediatric equipment for Trinity County Life Support were all purchased to improve existing services.
- £ Trinity Hospital is collaborating with County Health and Human Services, Home Health Services, and WIC in a breastfeeding promotion project.
- £ A modular prenatal wing at the Hayfork Health Center was funded to provide comprehensive prenatal care and well-baby exams.

Audit Findings

The opinion of the independent auditor reflects no material exceptions.

Trinity County Commission
(530) 623-8322

Trinity County

- £ Second-year funding provided for:
 - › After-school playgroup in Hayfork.
 - › Wee Care Drama program puppet shows and discussion.
 - › Trinity County Tobacco Education tobacco cessation classes in Weaverville.
 - › Frontier Nutrition Project in Weaverville and Hayfork, providing children's gardens.
 - › Home visitation program for families throughout Trinity County, and a new baby visitation component.
 - › Weaverville/Douglas City Parks & Recreation water safety classes; a similar program will be implemented in greater Hayfork.
 - › Trinity County Children's Festival.

Innovative and Promising Practices

Specializing Aquatics for Educating Youth

This water safety program far exceeded expectations by offering water safety to 452 children six months to five years old, and 285 parents. Trinity County is known for its rivers and lakes, so providing water safety is important, giving children and parents a healthy respect for water. Participants are taught to identify danger signs and are offered solutions and procedures to respond to water emergencies.

Hayfork Early Activities

This parent-driven program is a playgroup involving 28 children and 24 parents. Parents play a vital role in the leadership and decision-making process for this 20-hour-a-week program. Designed to provide after-school activities for Hayfork children, the program facilitates parent education and support, provides an interactive playgroup for Hayfork children ages 0-4, provides targeted assistance for kindergarten children and their families, and coordinates mandated health exams for grades K-1.

Children's Gardens

The Children's Garden program was created in March 2001 with funding from the Commission. In a collaboration with the Frontier Nutrition Project, funded by the USDA California Nutrition Network, two children's gardens, one in Weaverville and one in Hayfork, have been funded to help promote healthful diet and physical activity through hands-on experience. The gardens provide young children with opportunities to learn about health and nutrition, to care for their own gardens, and to gain firsthand sensory experiences of the natural world. The gardens have reached more than 500 children, and the program has hosted activities and weekly field trips.

FACILITATING COMMUNITY EVENTS

The Commission sponsored several community events throughout the year, collaborating with local organizations and county agencies to sponsor a series of events promoting family activities around childhood growth and development. For the second year, the Trinity County Local Child Care Planning Council facilitated the Children's Festival in Weaverville, the single largest event for children ages 0-5. Also, the Trinity County Arts Council promoted the Trinity Salmon Festival in Weaverville. Cosponsored by the Arts Council and the Nor-Rel-Muk Tribal Council, the Salmon Festival is focused on the county's Native American Indian population, offering cultural activities such as traditional dances, beading, and tanning hides. Trinity Kids First, Head Start, and Tobacco Education also sponsored toddler games at the County Fair in Hayfork.

Tulare County

Population

Total births (2001)	7,319
0 to 5 population (2000)	32,826

Ethnicity of Children 0-5

African-American	1.4%
Asian	2.2
Latino	67.7
Native American	0.7
White	25.7
All others	2.3

Result Area**

Expenditures
Systems
Child Health
Child Development
Family Functioning
Total

**Expenditures not reported by Result Areas

Program Summary

Tulare County, situated in a geographically diverse region, is one of the largest counties in the San Joaquin Valley. The predominant ethnic and cultural group in the county is Latino or Hispanic, accounting for 50.8 percent of the population. For 2002-2003, the Tulare County Children and Families Commission has adopted a revised strategic plan, which promotes meeting the needs of children in Tulare County by emphasizing development of services and outreach strategies in communities that are largely rural and populated by families having low incomes.

In each of the strategic areas of the plan, the Commission seeks to address the needs of all of its culturally diverse populations, including families with children having disabilities and other special needs. The Commission continues to fund programs and projects that address the result areas and objectives identified to be priorities within the county, including children's health; children's readiness for school; children benefiting from strong families; and children benefiting from service provider collaboration, integration, and capacity building. The Commission has taken a generalized approach to program development and selection of funding priorities to ensure the implementation of a broad range of programs that will address multiple needs of children ages 0-5.

Fiscal

July 1, 2001 Balance	\$17,027,803
Revenues:	
Prop. 10	\$6,363,831
Other State Prop. 10	\$235,653
Non-Prop. 10	\$211,289
Interest	<u>\$821,992</u>
Total Revenues	\$7,632,764
Expenses/Encumbrances	<u>\$5,698,057</u>
June 30, 2002 Balance	\$18,962,510
Funds Committed	\$11,825,164
Funds for Future Investments and Program Sustainability	\$7,137,346

County Commission Activities

Highlights of major accomplishments for this year include:

- £ The Commission funded 27 proposals that will provide funds for:
 - › Parent education
 - › A family resource center offering culturally and linguistically appropriate service delivery
 - › Early childhood education to migrant families.
- £ The Commission funded several mini-grants for program enhancements and information dissemination.
- £ A contract for evaluation research services with the Applied Research Center at CSU Bakersfield provided technical assistance with evaluation work, as did a contract with Corporation for Standards and Outcomes to implement and support online Web-based data entry.

Audit Findings

The opinion of the independent auditor reflects no material exceptions.

Tulare County Commission
(559) 622-8650

Tulare County

- £ The Commission hired staff, filling positions for an Executive Director, Finance Manager, two Program Officers, and an Administrative Assistant. Staff focused on review and development of budgets and development and implementation of organizational policies and procedures, safety guidelines, and personnel policies.
- £ The Commission's strategic plan revisions were approved in May 2002.

Innovative and Promising Practices

Woodlake Family Resource Center

Tulare County has several programs that have already shown promising results in addressing the needs identified in the strategic plan. In a community where domestic violence, drug and alcohol addiction, extreme poverty, health and mental health issues, and linguistic barriers are common, the Woodlake Family Resource Center is a welcome relief. Recent successes include the participation of 1,000 community members participating in the Woodlake Health Fair, the coordination of an immunization clinic for local school children, and the addition of a child abuse detective at the Family Resource Center office. This effort has resulted in a more responsive system of care and expanded access to health, mental health, social services, and safety education for the families of Woodlake.

Migrant Education Even Start Program

With more than 300 families receiving services and 5,000 home visits being completed, the Tulare County Office of Education-Migrant Education Even Start Expansion Program has been dedicated to providing early childhood education services to migrant families in the rural areas of Tulare County. Children receive educational services that assist them to develop language skill, increase early literacy, and strengthen their social, emotional, and physical readiness for school. Parents are invited to monthly meetings in order to participate actively in the programs as a way to strengthen their involvement in their children's education.

Pixley Alliance for Children

Parents credit the staff of the Pixley Unified School District, Alliance for Children, with being successful in providing important health, social service, dental, early education, and preventive services to Pixley children ages 0-5 and their families. Parents have reported that one of the many successful components to this

program is "Parents and Children Together Time," which is facilitated by a staff member and former kindergarten teacher at least twice a week, where parents and their children spend 30 minutes together in a structured activity designed to promote both bonding and learning.

STATEWIDE BEST-PRACTICE MODEL

The Parenting Network offers childcare subsidies and education for parents and providers of children with disabilities and other special needs. Home visits, collaboration with various agencies, and information dissemination make it easier for parents and providers to become familiar with more than 45 different disabilities/diagnoses, including autism, ADHD, Down's Syndrome, premature birth, and childhood depression. Through this program, parents can begin to find supportive care for their children. Other agencies within the county and the state have contacted the Commission to request information to replicate this program elsewhere.

Tuolumne County

Population

Total births (2001)	439
0 to 5 population (2000)	2,466

Ethnicity of Children 0-5

African-American	0.6%
Asian	0.5
Latino	11.5
Native American	2.2
White	81.8
All others	3.4

Result Area*

	Expenditures
Systems	\$82,871.00
Child Health	\$58,190.00
Child Development	\$54,195.00
Family Functioning	\$80,766.00
Total	\$276,022.00

*Excludes encumbrances

Program Summary

Tuolumne County is a rural county located along the western slope of California's Sierra Nevada mountain range, in the central region of California. The county has a widely dispersed population of 54,501. Most of the services provided to families are located in Sonora (the only incorporated city), which can be more than a one-hour drive from some of the more isolated communities. By the end of 2001-2002, the Tuolumne County Children and Families Commission has cumulatively committed close to \$1.4 million to address the key needs and issues identified in its strategic plan. Six priority areas guide funding: substance abuse prevention, intervention, and treatment for parents of young children; behavioral and psychosocial issues for young children and their caregivers; parent education; safe home environments; access to high-quality childcare and early childhood education; and access to medical and dental health services.

Funds were distributed through large, three-year grants (ongoing), capital grants, small grants, and matching funds. Funded projects addressed all Prop. 10 results areas and included ongoing intensive family services, one-time only construction projects, short-term training projects, and matching funds for larger community projects. Year-end evaluation reports demonstrated that positive, measurable impacts were found in the focus areas of family functioning, early childhood learning, health, and improved systems.

Fiscal

July 1, 2001 Balance	\$1,289,510
Revenues:	
Prop. 10	\$414,091
Other State Prop. 10	\$166,103
Non-Prop. 10	
Interest	\$64,449
Total Revenues	\$644,643
Expenses/Encumbrances	\$380,382
June 30, 2002 Balance	\$1,553,771
Funds Committed	\$1,030,955
Funds for Future Investments and Program Sustainability	\$522,816

County Commission Activities

Highlights of major accomplishments for this year include:

- £ Targeted planning for school readiness and oral health issues began via community planning committees.
- £ A childcare committee developed a funding initiative to promote safety improvements at childcare settings, to be implemented in September 2002.
- £ A program operating two family learning centers received a substantial grant to provide classes in family literacy, life skills, parenting, and healthy living, as well as provisions for on-site mental health and healthcare practitioners.
- £ The Commission provided funding to support AmeriCorps workers at five sites to improve local organizations' capacity to provide services to parents and young children.
- £ A substantial grant to provide home-based, intensive case management services and parenting, life skills, and nutrition classes was made to the Family Connections Program. This program also developed and initiated a countywide prenatal assessment to be used by all medical providers.

Audit Findings

The opinion of the independent auditor reflects no material exceptions.

Tuolumne County Commission
(209) 586-0707

Tuolumne County

- £ Capital grants helped construction projects get under way at two programs: Jamestown Healthy Start for a family resource center, and the local community college for a new infant childcare center. A capital grant assisted a home-visiting program to purchase a vehicle.
- £ The Kit for New Parents was distributed and tracked through local providers, with an estimated 52 percent of the county's new parents receiving the Kit.
- £ The Library's *Born to Read* grant helped to build a partnership with local service providers to distribute books at preschools, well-child visits, immunization clinics, and other events.
- £ Infant Child Enrichment Services received a grant funded through both local and State Commission funds to operate a project that provides education-based stipends to improve the quality and retention of licensed childcare providers in the community.
- £ A mini-grant expanded a school-based dental program, Smile Keepers, to also provide dental screenings and appropriate dental referrals for children under age 5.
- £ The awarding of grants led to successful leveraging opportunities, including fund-raising and grant writing resulting in a bookmobile and a Community Development Block Grant for a Children's Emergency Shelter, and leveraging of federal Title XIX funds.

Innovative and Promising Practices

Family Learning Centers

A Family Learning Center project, which serves primarily CalWORKs participants with young children, provides several needed resources to participants at two sites. These include daily transportation to and from a variety of activities (e.g., the program site, recovery groups, Head Start, and community service sites); classes for parents (e.g., in GED preparation, job and life skills training, parenting skills, and healthcare); mental health services and health education and referral services on-site; enrollment in Head Start for eligible children and on-site childcare for younger children; and access to other community services. Parents enrolled in family learning centers showed significant improvement in parenting behaviors with their young children, improvement in their home safety, and reduction in drug/alcohol relapse rates. Children participants showed growth and acquisition of age-appropriate skills; growth in social, emotional, physical, and cognitive development; and improved immunization status. The project is supported through funds from Even Start, a private foundation, Proposition 10, and local programs.

Oral Health

The Smile Keepers program extended a successful school-based program to provide dental screening and parent education to infants and young children at WIC clinics and preschools. This screening program resulted in 30 percent of the

children being referred for care for one or more active cavities. Moreover, the expansion strengthened the service coordination and collaboration between Smile Keepers and the public health department. The program was so successful that the Commission targeted funds for oral health prevention and

access to treatment for two more years. The Smile Keepers Coordinator worked with the Commission to form a community-based Dental Task Force to identify strategies to improve families' access to dental care and to identify other funding sources.

SERVING TUOLUMNE COUNTY'S CHILDREN THROUGH COLLABORATION

Nearly all of the Proposition 10-funded strategies in Tuolumne County involve collaboration among multiple partners, with service integration as a primary focus. Although collaboration is not new to this county, new linkages continue to be developed and the service system strengthened. For example, funding to assist with staffing of a community collaborative supported a "Safe From The Start" community forum and publication of a monthly Family Page in the local newspaper. Funding of comprehensive, integrated family support programs, both at community sites and through case management and home visiting, has improved parents' and children's access to healthcare, education, job training, drug recovery resources, domestic violence intervention resources, and mental health resources.

Ventura County

Population

Total births (2001)	11,329
0 to 5 population (2000)	56,231

Ethnicity of Children 0-5

African-American	1.5%
Asian	4.1
Latino	47.0
Native American	0.3
White	43.0
All others	4.1

Result Area*

	Expenditures
Systems	\$585,483.00
Child Health	\$598,108.00
Child Development	\$956,126.00
Family Functioning	\$574,135.00
Total	\$2,713,852.00

*Excludes encumbrances

Program Summary

Ventura County is located in the northwestern sector of southern California. The county has urban, suburban, and rural communities, which vary greatly in ethnicity and income levels. The Children & Families First Commission of Ventura County has established funding priorities that are built on local community input and ongoing partnerships that honor the social, cultural, ethnic, and linguistic diversity of communities. In 2001-2002, the Commission awarded 55 percent of annual funds to a countywide School Readiness Initiative, Neighborhoods for Learning (NfL). The Commission also awarded funding for the following initiatives: Health, Family Strengthening, Community Outreach and Education, and Retention. In addition, the Commission funded the Center for Excellence to improve the quality of programs through training and ongoing evaluation of results, as well as funding one-time barrier reduction and high-impact/high-innovation projects, and establishing an endowment fund and a community investment fund.

Fiscal

July 1, 2001 Balance	\$29,514,258
Revenues:	
Prop. 10	\$10,770,137
Other State Prop. 10	\$705,112
Non-Prop. 10	\$97,013
Interest	<u>\$1,284,765</u>
Total Revenues	\$12,857,027
Expenses/Encumbrances	<u>\$7,859,132</u>
June 30, 2002 Balance	\$34,512,153
Funds Committed	\$28,526,291
Funds for Future Investments and Program Sustainability	\$5,985,862

County Commission Activities

Highlights of major accomplishments for this year include:

- £ The Commission awarded approximately \$10 million in annual funds to major initiatives and projects, including:
 - › Neighborhoods for Learning School Readiness Initiative expanded countywide, awarding \$5.2 million to six NfLs that have completed the funding process. Five additional groups completed the planning process.
 - › The Child Physical and Mental Health Project supported oral and mental health collaboratives and provided ongoing funding for a variety of services, from home visitation to outreach and support for foster children and victims of child abuse.
 - › The Family Strengthening Project implemented a parent collaborative and provided ongoing funding for family empowerment training, foster care, mobile preschools, and literacy programs.
 - › An evaluation plan was developed by the Center for Excellence, a collaborative partnership.
- £ The Commission worked to leverage local county capacity and funding through participation in state matching funds for school readiness and retention initiatives, as well as:
 - › Further development of a community collaborative model for Neighborhoods for Learning through a \$97,000 Packard Foundation grant.

Audit Findings

The opinion of the independent auditor reflects no material exceptions.

Ventura County Commission
(805) 648-9990

Ventura County

- › Development of a Kit for New Parents distribution system.
- › Introduction of an AmeriCorp*Vista pilot program to local funded partners, which will result in 19 additional staff positions for NfLs and Commission programs in fiscal year 2002-2003.
- £ The Commission further developed its infrastructure by launching a new Commission Web site, initiating conversion to an in-house accounting system, improving the contracts management process, and developing of a multiyear financial plan for the Commission.

Innovative and Promising Practices

Neighborhoods for Learning: Ventura County's School Readiness Initiative.

Eleven unique community-based projects focused on school readiness have been developed throughout Ventura County. Through this process, there has been widespread community collaboration, and in many of the groups, the school districts have taken a lead role, thereby facilitating the bridge between "birth to five" and "kindergarten through twelve." Through inclusive governance structures, NfLs are assuring ongoing community participation in policy- and decision-making processes. Each NfL is unique to the community in which it operates and reflects that community's culture and values. Early NfL efforts have resulted in an expansion of preschool experiences, Pre-K summer programs, and family resource centers.

Promoting Family-Friendly Work Environments – WORK/L.I.F.E. Project

The WORK/L.I.F.E. project is working with diverse local businesses throughout Ventura County to develop models for family-friendly workplace policies and practices that support working parents.

Project SUN

In collaboration with Oxnard Community College, outreach workers from a large number of First 5 funded programs participated in a week-long training on Family Empowerment. Through the Family Development Institute, this program will support NfLs and community-based organizations with professional development for community-based human service workers.

Distribution of Kit for New Parents

The distribution of the Kit for New Parents in Ventura County occurs through a community-based organization, New Horizons Outreach. Known as HUGS, this program involves hospital visits to new parents to deliver the Kits and two follow-up calls with parents to see if any additional assistance is needed. Referrals for families in need of additional services are then made to Every Family Counts, a First 5 funded home visitation program through the County Public Health Department. The HUGS program has been so successful that it is being featured on the First 5 California Kit distribution training film currently under development.

My Baby's Growing Guide/La Guía de Crecimiento de Mi Bebé

This resource guide identifies community resources and parent education supports and will be incorporated into the statewide Kit for New Parents.

Parent Advisory Group

The Parent Advisory Group has been a very successful strategy to include diverse populations and increase community engagement in policy- and decision-making roles. The group meets monthly and has taken responsibility for monitoring the Web site and has recommended links for inclusion.

MODELING SERVICE INTEGRATION AND COLLABORATION

Service integration and collaboration, strongly identified as needs by Ventura communities and key to the successful implementation of First 5, have been principal goals throughout the implementation of all funding initiatives. Through the way in which the Commission has funded programs in its major initiatives, the Commission has had the opportunity to facilitate the development of new collaborations, which will lead to greater service integration throughout the community. Five areas modeling such principles are: the Neighborhoods for Learning groups, the development of service collaboratives like the Oral and Mental Health collaboratives, quarterly service integration meetings with all funded programs, uniform applications for all childcare providers seeking retention incentives, and the integration of the Commission's work with other countywide initiatives.

Yolo County

Population

Total births (2001)	2,317
0 to 5 population (2000)	10,964

Ethnicity of Children 0-5

African-American	1.8%
Asian	5.9
Latino	42.3
Native American	0.5
White	44.4
All others	5.1

Result Area*

	Expenditures
Systems	\$33,707.00
Child Health	\$55,000.00
Child Development	\$175,033.00
Family Functioning	\$687,128.00
Total	\$950,868.00

*Excludes encumbrances

Program Summary

Yolo County, which is home to approximately 150,000 people, is a diverse mixture of industry and geography. Nearly 85 percent of the population lives in the county's four cities: Davis, West Sacramento, Woodland, and Winters. Agriculture is the county's primary industry; however, the eastern border of the county has grown into a diverse suburb of the state capital in West Sacramento. The prestigious University of California at Davis is in the southern part of the county. Yolo County's children represent many nationalities and ethnicities and speak several languages. The Yolo County Children and Families Commission's priorities for 2001-2002 included: decreasing child abuse/neglect and domestic violence; decreasing substance abuse in households with young children; increasing community respect for all cultures and increasing cultural competence of service providers; increasing the number of children ages 0-5 who have a specific source of ongoing comprehensive health care and who receive primary care at regular intervals; and increasing the supply of high-quality, affordable childcare tailored to geographic areas. A guiding principle of the strategic plan is to address language and cultural issues.

Fiscal

July 1, 2001 Balance	\$4,908,095
Revenues:	
Prop. 10	\$2,015,872
Other State Prop. 10	\$170,820
Non-Prop. 10	\$78,826
Interest	<u>\$171,075</u>
Total Revenues	\$2,436,593
Expenses/Encumbrances	<u>\$2,010,665</u>
June 30, 2002 Balance	\$5,334,023
Funds Committed	\$3,238,992
Funds for Future Investments and Program Sustainability	\$2,095,031

County Commission Activities

Highlights of major accomplishments for this year include:

- £ Cooperative relationships were established with school districts that will be a part of the School Readiness Initiative.
- £ A provider capacity-building program offering one-on-one technical assistance was implemented, as were other technical assistance workshops covering topics ranging from grant writing to data sharing and confidentiality issues.
- £ At the Yolo Family Resource Center, which works to improve service delivery systems by providing a central location for families to access services, Commission funding supported a resource specialist to assist clients with linkages and referrals in an attempt to avoid duplication of services.
- £ The Commission also provided infrastructure funds for the establishment of a family resource center to serve the rural community of Knights Landing.
- £ In the latter months of the fiscal year, the Commission funded a pilot program to address the risk factors that increase a child's exposure to abuse. The Welcome Baby program is in the process of initiating a universal home-visiting plan countywide, including distributing the Kit for New Parents.

Audit Findings

The opinion of the independent auditor reflects no material exceptions.

Yolo County Commission
(530) 669-2475

Yolo County

- £ Through Integrated Parenting Services, Yolo Connections has expanded the number of parenting classes offered throughout the county, specifically targeting rural communities.
- £ The Esparto Results grant has supported the development of a school-supported kindergarten transition program for children and parents that includes a Kinder Roundup held on the school site and a series of workshops for parents to increase their ability to support their children as they begin school.
- £ The Yolo County Child Care Outreach program is an outcome-based collaborative that increases the availability, accessibility, and quality of childcare in the county. A home visitor has helped new providers set up family childcare homes and decrease the rate of turnover among providers.
- £ The Steps Toward Active Recovery (STAR) program, a home-based substance abuse treatment program, served 45 families with the help of Commission funding. An average of 60 percent of these families have entered a treatment program; 30 percent of families were projected as the goal for treatment.
- £ A matching grant to the isolated Madison Service District assisted with the construction of a handicap-accessible playground.
- £ The Commission provided infrastructure funding to support the development of the Children's Alliance of Yolo County (CAYC).
- £ The Commission expanded its community assessment activities to include underrepresented populations.
- £ A 10-year fiscal sustainability plan was developed, along with a fiscal leveraging plan, to include leveraging Medical Administration Activities (MAA) for the Commission itself as well as for Commission-sponsored programs.

Innovative and Promising Practices

Multipurpose Mobile Van

The program receiving the largest amount of Commission funding is the GET READY program. GET READY is a mobile van that travels throughout the county each day offering information and services to children and families. A collaborative effort, GET READY includes services from Women, Infants, and Children (WIC), the Child Health and Disability Prevention program (CHDP), and Healthy Families Outreach. The literacy program, which focuses on nutrition, provides families with recipes, and the Food Bank of Yolo County gives free food samples. The program currently serves families at 25 locations on a monthly basis.

Yolo Crisis Nursery

Commission funding aided in the opening of the Yolo Crisis Nursery. The Nursery provides 24-hour care for children whose families are in crisis. Since the beginning of the fiscal year, it has housed 92 children from families throughout the county. Most of the children remained in the Nursery for the full 30 days of eligibility, so that their parent or parents could work on the crisis that brought them into the Nursery. Fifteen children received necessary medical care, and follow-up appointments and treatments were arranged. The Nursery collaborates with other service providers and community members to ensure that clients receive comprehensive services.

Yuba County

Population

Total births (2001)	1,049
0 to 5 population (2000)	4,960

Ethnicity of Children 0-5

African-American	3.3%
Asian	8.4
Latino	27.4
Native American	1.8
White	52.5
All others	6.6

Result Area*

	Expenditures
Systems	\$133,723.00
Child Health	\$42,372.43
Child Development	\$46,476.41
Family Functioning	\$54,104.00
Total	\$276,675.84

*Excludes encumbrances

Program Summary

Yuba County is a medium-sized rural county located 45 miles north of Sacramento in Northern California's valley area. The population of the county is approximately 70,000 and is quite diverse. The economy is primarily agricultural, although there are suburban parts of the county in proximity to the county's largest city, Marysville. The county is known for high levels of poverty and unemployment; however, new developments are expected to stimulate the economy. The county offers opportunity for the development of many outdoor recreational areas, with several scenic and uncrowded rivers and lakes. Housing costs are among the lowest in the state. The Yuba County Children and Families Commission's strategic plan focuses on addressing the county's cultural diversity and pervasive poverty. It strongly emphasizes collaborative approaches and integration with the existing network of services.

Resources are targeted to improve infrastructure and linkages, and the Commission has funded permanent buildings, capital equipment, and stronger coordination. Funding priorities in 2001-2002 included supporting family resource centers, childcare enhancement, infant health and nutrition, and transitional living resources for parents succeeding in substance abuse treatment.

Fiscal ⁽²⁾

July 1, 2001 Balance	\$2,765,097
Revenues:	
Prop. 10	\$946,763
Other State Prop. 10	\$109,913
Non-Prop. 10	
Interest	<u>\$92,155</u>
Total Revenues	\$1,148,831
Expenses/Encumbrances	<u>\$1,264,949</u>
June 30, 2002 Balance	\$2,648,979
Funds Committed	\$375,000
Funds for Future Investments and Program Sustainability	\$2,273,979

County Commission Activities

Highlights of major accomplishments for this year include:

- £ Awards were made for a new family resource center located at the Harmony Health Medical Clinic and for two portable buildings on school sites to support existing family resource center efforts. The two school sites are also target schools for the School Readiness Initiative. A third family resource center will be established near the third target school. Funds will be used for services and capital improvements.
- £ A Specialized Public Health Nurse was hired at Harmony Health to focus on newborns, lactation direct services, and general breastfeeding promotion.
- £ The Commission awarded funds to the Children's Home Society (CHS), which subcontracted with the Child Care Planning Council (CCPC) to fill gaps and coordinate training and workshops of interest to childcare providers. The CCPC is surveying parents and providers of children with disabilities and other special needs about their needs for information, training, and services.

Audit Findings

The opinion of the independent auditor reflects no material exceptions.

Yuba County Commission
(530) 749-6777

Yuba County

- £ The Commission approved a School Readiness plan that integrates with major components of the Commission's strategic plan. This integration is reflected in the Commission's decision to fund family resource centers at or near future School Readiness pilot sites.
- £ As a result of a public hearing, the Commission approved \$375,000 each to:
 - › An endowment
 - › Real estate investments for income and/or as sites for related children's programs
 - › Planned reserve funds
 - › One-time mini-grants for capital equipment, childcare enhancements, and additional services.
- £ The Commission's Advisory Committee, with 22 officially appointed members, played a critical role for the Commission in reviewing proposals and providing input for new state and local initiatives.

Innovative and Promising Practices

Child Care Enhancement Initiative

For the Child Care Enhancement Initiative, the Commission has had the opportunity to build on the very positive working relationship between the resource and referral agency for the county and the Child Care Planning Council for Yuba and Sutter Counties. Together, the two agencies are coordinating all trainings of interest and relevance to childcare providers, and they also have planned a series of community workshops in collaboration with other interested partners. These partners all issue the same training information, and they each used their various publications and/or Web sites to advertise trainings held by other partners.

Networking for Family Resource Centers

The Commission's emphasis on family resource centers has led to the formation of a group of staff from all the county's family resource centers who share ideas, exchange information about clients, and coordinate efforts. This group is not led by Commission staff, but it has become a forum for Commission staff to obtain information about service needs. Also, the Commission required, in its request for proposals, that all family resource centers have a method in place for collecting input from the community members being served by the program, resulting in an expansion of the Yuba Collaborative for Healthy Children to new sites.

Service Integration

The Commission has pursued a "deep" rather than "broad" funding approach and has emphasized service integration and collaboration. The Family Resource Center Initiative is the centerpiece of the Commission's strategic plan, having funded several family resource centers with more than 40 percent of the Commission's annual budget. In Marysville, the linking of a new family resource center with an existing community clinic provides a unique opportunity to leverage the relationships and client base of services already being provided to the target population. Harmony Health Medical Center has combined the activities of the medical clinic and family resource center to provide a seamless integration of services for new parents. A lactation consultant and specialized public health nurse visit Yuba mothers while they are still in the hospital. The same staff also distribute the Kit for New Parents, and increasingly, this is done prenatally, while expectant parents are receiving other services at the clinic. In two other communities, the Commission funded permanent portable buildings for family resource centers at schools identified as School Readiness sites. These buildings will both serve the family resource center and provide space for the School Readiness outreach worker.

APPENDICES

APPENDIX A

SHORT- AND LONG-TERM INTENDED RESULTS

Appendix A. Percentages of County Commissions reporting using intended results codes: All counties, urban counties, suburban counties, and rural counties.

Code	Intended Result	All counties (N = 58)	Urban (n = 12)	Suburban (n = 20)	Rural (n = 26)
<i>Improved Systems for Families</i>					
S1	Increased accessibility of services/activities	80	82	83	77
S2	Improved service delivery	78	82	89	68
S3	Increased cultural competence in service provision and/or evaluation	59	45	78	50
S4	Increased service integration	76	82	89	64
S5	Increased accountability for results	51	73	56	36
S6	Increased civic engagement by program participants	39	27	50	36
S7	Other (specify)	22	27	28	14
S8	Other (specify)	6	9	11	0
S9	Other (specify)	2	0	6	0
S10	Other (specify)	6	9	11	0

Improved Family Functioning

F1	Parents participate in parent education programs.	82	73	94	77
F2	Parents receive increased parent support services.	88	100	89	82
F3	Parents are knowledgeable about child development and practice effective parenting skills.	84	82	89	82
F4	Families participate in education or training opportunities to improve their economic status.	41	45	50	32
F5	Parents provide effective and nurturing newborn and infant care.	67	55	83	59
F6	Children are safe in their homes and communities (safe from intentional injury).	65	64	83	50
F7	Children are in environments free of tobacco and other substance abuse.	59	55	78	45
F8	Children will remain with their families.	39	45	50	27
F9	Families are self-sufficient in areas targeted by the local initiative.	35	45	39	27
F10	Fewer teenagers have babies and more parenting teenagers delay subsequent pregnancies.	37	36	61	18
F11	Parents support their child's learning, healthy growth, and development.	80	64	89	82
F12	Other result (specify)	25	45	28	14

Improved Child Development

C1	Parents are knowledgeable about quality ECE/child care and available options.	61	64	72	50
C2	Children, including those with developmental delays and special needs, have access to and receive quality ECE/child care.	71	82	78	59
C3	ECE/child care providers have increased supports and educational opportunities.	90	91	94	86
C4	Children receive quality ECE/child care and early childhood education programs	90	91	94	86
C5	Children live in home environments supportive of optimal cognitive development.	63	55	67	64
C6	Children enter kindergarten "ready for school."	78	64	94	73
C7	Children continue to be successful in school.	35	55	28	32
C8	Other result (specify)	33	45	56	9

Improved Child Health

H1	Expectant mothers have adequate prenatal care.	43	55	56	27
H2	Parents are knowledgeable about and practice healthy behavior prior to and during pregnancy.	59	55	61	59
H3	Children receive preventive and ongoing regular health care.	59	55	78	45
H4	Children receive early screening and early intervention for developmental delays and other special needs.	69	82	78	55
H5	Children receive preventive and ongoing regular mental health care.	53	64	67	36
H6	Children receive preventive and ongoing oral care.	55	36	72	50
H7	Parents are knowledgeable about and provide their children with healthy diets and physical activity.	71	55	67	82
H8	Children are born healthy.	45	64	56	27
H9	During pregnancy, women refrain from use of tobacco, drugs, and alcohol.	47	64	61	27
H10	Children have healthy teeth and gums.	43	27	50	45
H11	Children are healthy and well nourished.	59	45	67	59
H12	Children are free of smoking-related illnesses (e.g., asthma and other ACS).	45	45	72	23
H13	Children are in safe and healthy environments (free from unintentional injuries).	65	55	67	68
H14	Other result (specify)	24	36	33	9

APPENDIX B STRATEGIES

Appendix B. Percentage of County Commissions reporting using strategy codes: All counties, urban counties, suburban counties, and rural counties.

Code	Strategy	All counties (N = 58)	Urban (n = 12)	Suburban (n = 20)	Rural (n = 26)
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Service Integration

1	Participating in joint community planning efforts and decisions on revenue maximization and fund allocations	59	64	56	59
2	Signing Memoranda of Understanding with multiple agencies and groups collaborating to provide integrated services (includes facilitating entry into the service system, coordinated service delivery, shared information, and non-duplication of efforts)	67	82	72	55
3	Interdisciplinary training for providers	61	73	72	45
4	Establishing centralized resources, such as registries and databases	53	64	61	41
5	Use of pooled resources to address root causes and community conditions	43	55	39	41
6	Increased civic engagement by program participants	43	45	50	36
7	Accountability is shared across programs on a countywide basis for agreed upon results	41	55	50	27
8	Other (please specify)	14	9	17	14

Service Accessibility

9	Making services available for all families though flexible scheduling	63	55	61	68
10	Increasing service capacity in underserved areas and/or among underserved populations	76	73	78	77
11	Developing conveniently located service sites, co-location with other service providers and community-based organizations, or multi-disciplinary home-bases services	76	64	72	86
12	Other (please specify)	20	45	17	9

Serving Diverse Populations

13	Training to service providers regarding serving families and children with special needs	69	91	72	55
14	Cultural diversity training for providers of services to children and families	47	55	50	41
15	Developing and/or expanding types of child and family services available in locally appropriate languages other than English	55	73	61	41

16	Increasing the number of service providers who are ethnically, culturally, and linguistically reflective of their communities	51	55	56	45
17	Developing programs and materials specifically developed for diverse populations (ethnic, cultural, special needs)	65	73	72	55
18	Other (please specify)	12	55	0	0

Public Engagement

19	Encouraging families to participate in formal and informal community associations	49	73	39	45
20	Inviting service recipients to participate on policy boards and in program implementation	45	45	44	45
21	Other (please specify)	6	9	6	5

Individual or Family Focused Activities

22	Prenatal care	41	55	44	32
23	Breast feeding assistance	49	55	56	41
24	Well-baby or well-child check-ups	37	45	44	27
25	Immunizations	49	64	44	45
26	Health screenings	61	64	72	50
27	Oral health prevention/screenings	49	45	61	41
28	Oral health treatment	33	36	33	32
29	Developmental/cognitive assessments	67	73	78	55
30	Mental health/behavioral assessments	65	82	78	45
31	Mental health services	61	82	67	45
32	Substance abuse screening	35	45	56	14
33	Substance abuse treatment	33	36	56	14
34	Short-term support (crisis or walk-in counseling)	33	45	61	5
35	Mentoring	39	55	39	32
36	Case management	59	73	67	45
37	Home visitation _____	76	73	83	73
38	Respite care for children with special needs	12	18	17	5
39	Information and referral	78	82	72	82
40	WIC, Food Stamps or food program enrollment/assistance	49	45	44	55
41	Health insurance enrollment/assistance	65	73	72	55
42	Transportation services or vouchers	51	45	61	45
43	General parenting support	78	73	78	82
44	Teen parent support	51	55	67	36
45	ECE/child care enrollment assistance (non-monetary)	24	27	22	23
46	ECE/child care subsidies or vouchers	39	45	56	23
47	ECE/child care staff recruitment	49	55	56	41

48	Provider incentive for training	61	82	50	59
49	Provider salary augmentation (stipends)	47	55	44	45
50	Housing/shelter assistance	29	55	28	18
51	TANF enrollment/assistance	12	18	17	5
52	Foster parent recruitment	16	55	0	9
53	Family literacy programs	57	64	67	45
54	Violence prevention/intervention (child/spouse/partner)	39	55	61	14
55	Other (please specify)	37	73	33	23

Small Group Focused Activities

56	Parenting classes (on topics such as infant care, nutrition, home safety, discipline, child development)	75	91	78	64
57	Caregiver/parent support groups	67	82	78	50
58	Classes for children	63	73	67	55
59	Provider training or professional development	84	91	83	82
60	Other adult classes (on topics such as literacy or citizenship)	43	55	56	27
61	Parent-child classes (e.g., Mommy and Me)	55	64	61	45
62	Provider licensing classes	31	36	33	27
63	Parent/Caregiver job training	27	45	33	14
64	Other (please specify)	29	45	22	27

Large Group Focused Activities

65	New Parent kit distribution	61	45	44	82
66	Information dissemination (mailing, distribution of brochures, newsletters, resources)	73	82	72	68
67	Public education campaigns	51	64	44	50
68	Outreach efforts	65	73	56	68
69	Health fairs	49	64	56	36
70	Community events/ celebrations	61	82	72	41
71	Facilities/capital improvements (playgrounds or child care centers)	65	82	72	50
72	Other (please specify)	20	36	22	9

Appendix C

Principles on Equity

ADVISORY COMMITTEE ON DIVERSITY CALIFORNIA CHILDREN & FAMILIES COMMISSION (Approved by the State Commission on October 18, 2001)

Recognizing significant gaps and disparities in the provision of services for children and their families and as observed in educational, health and other outcomes, the State Commissioners adopted a resolution in November, 1999, demonstrating its commitment and leadership towards taking proactive steps to ensure that California children and their families from diverse populations, including children with disabilities and other special needs, are an integral part of the planning and implementation of Proposition 10. By the following summer (July 2000), the State Commissioners had established the Advisory Committee on Diversity to serve as their policy advisors on issues related to diversity and equity. For Prop 10, diversity has been defined to be inclusive of children prenatally to five years of age, regardless of immigration status, who:

- £ Are from different ethnic, linguistic, cultural, socio-economic, religious, geographical and/or other historically or currently under-served communities; or
- £ Have disabilities and other special needs.

The Advisory Committee on Diversity is responsible for advising the State Commission in fulfilling its mission to adopt policies and practices that equitably provide California's children (prenatal to 5) from diverse backgrounds and abilities with accessible, family-friendly, culturally competent, quality early childhood services and programs designed to help them reach their full potential and prepare them for positive educational and life experiences. To achieve this vision, it is critical that parents and other caregivers of children from diverse backgrounds and with diverse abilities have meaningful roles in the planning, delivery and evaluation of Prop 10 initiatives. When historically marginalized groups have a voice in shaping the systems that affect the lives of their children, we can expect cutting-edge and powerful changes. The Advisory Committee on Diversity is confident that only through this increased level of involvement and system improvements will equity be achieved.

The Advisory Committee on Diversity determined at its second meeting (November 2000) that its work must begin with the development of Equity Principles, which were originally referred to as Diversity Principles. The State Commission is the primary audience for these Equity Principles; the principles will be used to guide their policy work and funding decisions. Additionally, the Equity Principles are intended for use by the CCFC staff and contractors. Although the Principles are not mandates, they can serve as guidelines to ensure that the programs and services established and supported by Prop 10 funds are both culturally and linguistically competent and inclusive in serving children with disabilities and other special needs.

The Committee also developed these Equity Principles with the local audience in mind and in response to the County Commissions' requests for support in this area. The Advisory Committee on Diversity feels strongly that the Equity Principles will be beneficial to the children and families served through local programs funded by the County Commissioners.

The Advisory Committee on Diversity firmly believes that through assuring improved programs and access for children and their families from diverse backgrounds and with diverse abilities, the services for all children in California will be better served. We offer these Principles to assist the State Commission in fulfilling its commitment to all children and hope that others throughout California will also adopt them. There are four major components to the Diversity Principles:

1. Inclusive Governance and Participation
2. Access to Services
3. Legislative and Regulatory Mandates
4. Results-based Accountability

The Advisory Committee approved the Equity Principles on June 29, 2001. It is anticipated that the Committee will periodically review and update the Principles.

Inclusive Governance and Participation

Prop 10 recognizes that children develop within the context of their families and communities, and as such, it is essential that Prop 10 programs secure and obtain meaningful participation and input of the families and other caregivers of children from diverse backgrounds and with diverse abilities throughout all program development and implementation phases. Prop 10 programs should:

- £ Use culturally- and linguistically-appropriate outreach strategies, as well as approaches effective in reaching parents of children with disabilities and other special needs and parents who themselves may have disabilities;
- £ Assure that all diverse groups, particularly those who have been traditionally underrepresented and underserved, are actively engaged and involved so that they can have an equal voice in defining their needs and finding solutions;
- £ Use community organizations, both formal and informal networks, and other communication vehicles that have been effective in reaching out to and serving diverse groups;
- £ Promote and support the development of emerging parent and community leaders; and
- £ Assure that families representing diverse groups participate equitably in the planning, delivery and evaluation of initiatives, which includes the grant criteria process, advisory groups and other committees.

Access to Services

To assure that children from diverse backgrounds and with diverse abilities have access to high quality and culturally competent early care and education/development opportunities as a critical means for achieving equity, Prop 10 funded programs should:

- £ Set measurable goals and objectives for increasing access and achieving equity;
- £ Use culturally and linguistically relevant methods of communication and community outreach, which include engaging respected community persons to promote messages;
- £ Assure that programs provide access to information, resources and support regarding their child's development, including strengths and needs for all families;
- £ Conduct assessments that include assets, challenges, and gaps in communities and systems, as well as analyze disaggregated community demographic data (ethnicity, disabilities, language, age, socio-economic status, literacy levels, underinsured/uninsured rates, etc.). Use these assessment and data to establish priority desired results and to design program that will remove disparities and attain desired results;
- £ Provide information and support through culturally and linguistically responsive service providers and service providers who are knowledgeable about children with disabilities and other special needs and their families;
- £ Promote collaboration across disciplines, service delivery systems and communities. This includes implementation of a coordinated service delivery approach to young children, especially children with disabilities and other special needs and their families who are often served by a variety of agencies, programs, and service providers;
- £ Develop print, audio-visual, and electronic materials that are culturally and linguistically relevant for all communities served, are written at appropriate literacy levels, and are available for specialized populations (e.g., Braille, closed captioning);
- £ Schedule services in accordance with family needs and situations (work schedules, time of the year, language, transportation, etc.);
- £ Support programs that are individualized to address the cultural and linguistic diversity, as well as the range of ability levels and behavioral and learning styles that are representative of California's children and families;

- £ Ensure availability of adapted and specialized services and supports as needed to assure full participation for all children and their families. Individualization of services and supports for all families are critical to actively support a child's learning experiences in natural environments to the maximum extent appropriate;
- £ Demonstrate awareness of, and referrals to, services, resources and other supports available for children with disabilities and other special needs and their families;
- £ Demonstrate a commitment to promote a workforce that has skills, knowledge of, and reflective of the children and families being served, and a workforce that is knowledgeable about and supportive of children with disabilities and other special needs and their families;
- £ Demonstrate that staff who work with or on behalf of children and their families display a positive attitude about working with children with disabilities and special needs as well as children from culturally and linguistically diverse backgrounds; and
- £ Promote policies to assure training and technical assistance necessary to improve knowledge, attitudes and skills of all involved with the Commission and build their capacity to work within culturally and linguistically diverse communities, and serve as well as to work more effectively in serving the range of abilities, behavioral and learning styles that are representative of California's children.

Legislative and regulatory mandates

Agencies must adhere to all legislative, regulatory and accreditation mandates pertinent to the provision of services to children from diverse backgrounds and with diverse abilities. Prop 10 programs should:

- £ Embrace the spirit of the law;
- £ Demonstrate leadership in assuring that all staff receive training, are knowledgeable about pertinent legislative and legal mandates and have the skills and resources necessary to implement required modifications or enhancements to services or facilities;
- £ Inform parents of their rights and responsibilities as well as those of their children;
- £ Offer its services to all children and their families regardless of immigration status (California Children and Families Commission Resolution –June 24, 1999); and
- £ Be held accountable for their compliance with key laws and other related mandates, for example:
 - › Title VI of the Civil Rights Act of 1964: requires linguistic access via qualified interpreters and translated materials at no cost to the individual;
 - › Americans with Disabilities Act 1990 (ADA): prohibits discrimination on the basis of disability and promotes equal access, building modifications, hiring practices for persons with disabilities;
 - › Language Access Laws i.e., Dymally-Alatorre Bilingual Services Act (CA); imposes direct obligations state/local governmental agencies to provide appropriate translation services for languages spoken by 5% or more of population served;
 - › Individuals with Disabilities Education Act (IDEA) establishes special education and coordinated, family centered service delivery systems for children with disabilities from birth through age 5 through several programs e.g., California's Early Start Program, California Department of Education's Preschool Special Education Program; and
 - › Executive Order 13166: issued on August 11, 2000 to provide meaningful access to Limited English Proficient (LEP) individuals to federally assisted and federally conducted programs and activities.

Results-based Accountability

Prop 10 programs will have well defined and meaningful outcomes that benefit children from diverse backgrounds and with diverse abilities and thus should:

- £ Commit to attaining their stated program outcomes realizing that their results are crucial to ongoing sustainability and advocacy;
- £ Allocate sufficient resources to support accountability and evaluation activities;

- £ Use program planners, evaluators and other experts who are knowledgeable about children's differing abilities, and who are culturally competent in regards to the population(s) served in developing effective assessment and evaluation tools and methods;
- £ Conduct assessments that include assets, challenges, and gaps in communities and systems, as well as analyze community demographics (ethnicity, disabilities, language, age, socio-economic status, etc.);
- £ Assess regularly its inclusive governance process and provide updates on the extent of the family involvement and engagement throughout all phases of program development (planning, implementation and evaluation);
- £ Use culturally and linguistically appropriate questions, instruments and other research methods to collect relevant data from the populations and communities served;
- £ Include questions on disabilities and other related issues in surveys and other evaluation and research tools/instruments;
- £ Collect and report disaggregated data (e.g., ethnicity, disabilities, language, age, socioeconomic status, etc.) describing children and families served and the achievement of access, equity and desired child/family results;
- £ Recognize that accountability and results are crucial to ongoing advocacy and sustainability; and
- £ Disseminate best practices and promising practices for the benefit of all children and their service providers throughout California.